

## EXHIBIT 6-1



United States  
Department of  
Agriculture

Forest  
Service

Washington  
Office

1400 Independence Ave. SW.  
Washington, DC 20250

File Code: 6730  
Route To:

Date:

Subject: Draft Factual and Management Evaluation Sections  
(Name and location of accident)  
(Date of accident)

To: (Appropriate safety manager)

### —FOR OFFICIAL USE ONLY—

Enclosed are the draft factual and management evaluation sections to be presented to the Accident Review Board (ARB). Please contact me when scheduling the ARB so that I can coordinate with the investigation team, which may be required to attend.

If you need additional assistance in this matter, please contact me at (phone).

(Name)  
Team Leader

Enclosure



*Caring for the Land and Serving People*