

Rapid Lesson Sharing

Event Type: Chipper Work Incident

Location: Kalaupapa National Historical Park,
Hawaii

Date: 5/23/2026

The Story and Lessons from Injuries Received While Working with a Chipper

As the chipper feeder grabbed the material, the wire was pulled into the machine and rapidly tightened around the crewmember.

NARRATIVE

On May 23, 2026, at approximately 1500, a fire module was conducting fuels reduction work along a fire break at Kalaupapa National Historical Park. The crew was chipping Christmas berry, oleander limbs, and slash that had been cut back from the fuel break. The operation was using a Vermeer BC1000XL chipper with a 20-inch capacity.

The work setup included 7 crewmembers operating around the chipper. Most personnel were dragging material from approximately 30 to 40 feet away and bringing it to the chipper. Material had been staged in piles, and designated feeders were feeding the chipper. Crewmembers were wearing PPE, including eye protection, ear protection, fire boots, leather gloves, helmets, and long sleeves.

During the operation, a crewmember fed brush into the chipper that contained hidden wire. The wire was likely loose on the ground and had been picked up with a pile of limbs and brush. As the chipper feeder grabbed the material, the wire was pulled into the machine and rapidly tightened around the crewmember. The wire wrapped around portions of the crewmember's legs, waist, and arm, causing friction burns, lacerations, and significant bruising to the backs of the thighs, calves, waist, and one arm.

Wire was present throughout the work area from old fences. Some wire was grown into trees and brush, and some was lying on the ground.

An Advanced EMT was on site and immediately provided first aid. The wounds were cleaned and bandaged. After returning from the assignment, the crewmember received a tetanus shot and had the wounds inspected by medical personnel.

This incident occurred in a remote location with very limited medical care available. That limited access to advanced medical care reinforced the need to identify and control hazards before work begins, especially during mechanical operations such as chipping.

Following the incident, the crew stopped and reassessed the operation. One immediate change was to send a crewmember ahead of the chipping operation to inspect brush piles and the surrounding area for wire and other hidden hazards. Wire that could be removed was removed. Wire that was fixed in place or could not be removed was flagged so the chipping crew could avoid it.



Injuries from Wire

Observations

Hidden wire in brush can create a serious entanglement hazard.

Wire mixed into brush piles may not be visible during normal chipping operations. Once the chipper grabs the brush, the wire can move quickly and with enough force to wrap around a person before they have time to react. In areas with old fences, historic infrastructure, ranching history, or previous land use, crews should assume wire may be present until the material has been inspected.

Staged material should still be treated as uninspected material.

The brush and slash had already been cut and staged in piles, but staging did not mean the material was clean. Wire that was lying on the ground was likely picked up with the limbs and slash. Crews should consider staged piles as unknown material until they have been checked specifically for wire, metal, rocks, or other hazards.

Chipping operations need a deliberate hazard-recognition step.

Cutting, piling, dragging, and chipping often happen as part of the same fuels operation, but each phase has different hazards. A pile that looks ready to chip may contain material that was not obvious when it was cut or dragged. Crews should consider adding a specific pile inspection step between cutting/piling and chipping.

Old fuel breaks and historic landscapes can contain unexpected hazards.

Kalaupapa has a long history of land use, and fuels crews often work in places where old fencing, wire, metal, or other material may be hidden by vegetation. Similar conditions may exist in other parks, ranches, pastures, homesteads, or previously developed areas. Crews working in these areas should brief this hazard before chipping, brushing, mowing, or using other mechanical equipment.

Remote work locations change the consequences.

Kalaupapa has very limited medical care available, and air evacuation may take more than an hour. In remote locations, even injuries that may appear manageable can become more complicated due to delayed access to advanced medical care. This makes hazard recognition, pre-work scouting, medical planning, and clear emergency procedures especially important.

PPE helped, but PPE alone was not enough.

The injured crewmember was wearing standard PPE, including eye protection, ear protection, fire boots, leather gloves, a hard hat, and long sleeves. PPE may have helped reduce injury severity, but it did not prevent the entanglement. The most effective control was identifying and removing wire before it reached the chipper. If it can't be removed, flagging it can help identify its presence.



Project Area



Injuries from Wire

Lessons

Include hidden wire, entanglement hazards, and limited medical access in future job hazard analyses and tailgate safety briefings.

Before chipping in old fuel breaks, pastures, historic areas, or former fence lines – brief specifically on hidden wire and entanglement hazards

Assign a crewmember to inspect brush piles and the surrounding work area ahead of the chipper.

Remove loose wire and metal before chipping begins.

Flag fixed wire, embedded wire, old fence lines, or other hazards that cannot be removed.

Keep wire-contaminated material separate from clean material.

Avoid scooping or dragging material from the ground without checking for wire mixed into the pile.

Stop and reassess if wire, metal, or other unexpected material is found in a pile.

Consider documenting known wire or fence hazards on project maps or in future fuels project plans.

When working in remote areas with long response times, consider bringing more medical supplies.

This RLS was submitted by:

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