


# HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 1769

|   |  |
|---|--|
|  | <h2>Accident Report</h2>   |
| <h3>Instructions</h3>   |  |
| <b>General Information</b>  | <p>The supervisor of the employee or operation involved must complete this form for all accidents regardless of extent of injury or amount of damage. Review all instructions and codes before completing this form. The Safety and Health office is available for assistance.</p> <p>Information forwarded to the Office of Workers' Compensation Programs (OWCP) must not differ from information on this form.</p>  |
| <b>Multiple Person Accidents</b>  | <p>When more than one person is injured as a result of the accident, complete a separate form for each individual and use the same accident number on each form. Complete all items for the first person including the narrative. For additional persons involved, complete only Items 1-4, 37-55. Note: If more than one postal employee is involved in the accident, follow the instructions outlined above, regardless of whether there was injury or not.</p>  |
| <b>Submission Procedures</b>  | <ol style="list-style-type: none"><li>1. The supervisor must complete this form within 24 hours of the date of the accident, the diagnosis of illness, or the date they were notified of the situation. The next level supervisor must verify all information on the form.</li><li>2. The Manager, Safety and Health Services at the Division has the responsibility for reviewing the accuracy of the coding submitted on each PS Form 1769, <i>Accident Report</i>, or electronically entered into the Human Resources Information System (HRIS) Safety and Health Subsystem and accident log. If the codes on PS Form 1769 do not match with the narrative submitted by the supervisor of the employee or operation involved, the Manager, Safety and Health Services, is responsible for resolving the inconsistency.</li><li>3. The installation head forwards the original accident report to the safety office within 3 calendar days of the accident.</li><li>4. The local office must retain a copy of all reports (reportable or nonreportable) in that office for a 5-year period. Incorrectly filed or improperly coded 1769s may be returned to the originating office by the safety office. These must be corrected and resubmitted within 3 calendar days of receipt.</li><li>5. The safety office must:<ul style="list-style-type: none"><li>• review the completed form to ensure accuracy of codes;</li><li>• coordinate any changes with the reporting office;</li><li>• complete necessary items;</li><li>• assign number and enter the accident information into the HRIS Safety and Health Subsystem within 1 calendar day of receipt, and;</li><li>• retain the original copy for a period of 5 years.</li></ul></li></ol>  |
| <b>Determining Reportable Accidents</b>   | <p>The safety office assigns a number on all forms (Item 4), using HRIS guidelines, for both reportable and nonreportable incidents, including unadjudicated occupational illness cases, when it covers any of the following kinds of injuries, illnesses or damages:</p> <ol style="list-style-type: none"><li>1. All occupational traumatic injuries to postal employees regardless of whether the employee elects to file a Form CA-1 (<i>Federal Employee Notice of Traumatic Injury &amp; Claim for Continuation of Pay/Compensation</i>) or a Form CA-6 (<i>U.S. Dept. of Labor — Official Superiors Report of Employee's Death</i>) is submitted to OWCP, and regardless of whether or not the OWCP claim is controverted.<p><b>EXCEPTION:</b> A First Aid case must be logged and coded "6" in Item 44 of this form. The report must be held as a nonreportable case at the safety office, when first aid care (NOT exceeding 2 visits) is provided by postal medical/health units or contract treating facilities unless the accident involves property damage such as may occur with a motor vehicle accident.</p><p><b>NOTE:</b> Cases with medical dispositions for limited duty are not to be coded as first aid injuries.</p></li><li>2. All occupational illnesses, including heart attacks, if a CA-2 (<i>Federal Employee's Notice of Occupational Disease and Claim for Compensation</i>) or CA-6 is submitted to OWCP.<p><b>EXCEPTION:</b> If an occupational illness, the form must be forwarded to the safety office for recording in the HRIS. These cases will be logged, assigned a reporting code and number, pending adjudication by the OWCP. Safety offices are to monitor OWCP decisions and amend the status of the case in the HRIS. Instructions for amendments/deletions are included in HRIS Safety and Health Updates.</p></li><li>3. Injuries or fatalities to non-postal persons on postal premises.</li><li>4. All motor vehicle accidents.</li><li>5. Property damage of \$500 or more, regardless of ownership.</li><li>6. Fire damage of \$100 or more regardless of ownership.</li></ol> |
| <b>Adjustments and Deletions</b>  | <p>Whenever there is a change in status, or if you discover an error in a previously filed 1769, within 3 calendar days send a copy of the Form 1769 and written justification and documents supporting the amendment/deletion to the servicing safety office for action.</p>  |

PS Form 1769, September 1991 (p. 1 of 13 - instructions)

**HBK EL-505, INJURY COMPENSATION, DECEMBER 1995**  
FORMS

Form 1769 (continued)

**Instructions for  
Items 1-61**

Item 1: **Post Office, Station, Branch, Unit** (*City, State & ZIP Code*) — Self-explanatory.

Item 2: **Finance Number** — Self-explanatory.

Item 3: **Installation ID** — The Installation ID is a 4-digit code.

Item 4: **Accident Number** — The safety office assigns numbers in ascending order, through HRIS, starting each FY with 0001, then 0002, etc. Keep a record of used numbers as duplicate or missing numbers will initiate unnecessary correspondence. Start with 0001 the following FY.

Item 5: **Kind of Accident** — Check the appropriate box.

**Motor Vehicle** — Any mechanically or electrically powered device designed for movement, not operated on rails, upon which or by which any person or property can be transported or drawn upon a land highway. The load on a motor vehicle is considered part of the vehicle.

Do **not** consider equipment such as vehicles operated on fixed rails, fork lifts, bicycles, or similar equipment as motor vehicles.

A motor vehicle accident is any accident involving a motor vehicle which is operated on official postal business, regardless of the ownership of the vehicle and which results in death, injury or property damage of one dollar or more, unless the vehicle is legally parked (*see note below*). Who was injured, what property was damaged or to what extent, where the accident occurred, or who was responsible is not a factor.

**NOTE:** A legally parked vehicle is one in which the engine is turned off, the driver is not operating the controls, and the vehicle is parked where it is legal to do so. Temporarily "stopping" a vehicle without turning off the ignition, to load or unload mail, property, or persons, or a vehicle stopped at a sign, signal, police signal, or stalled in traffic, does not constitute a legally parked vehicle. If special written permission has been granted by law enforcement or municipal authorities to park in designated "No Parking" areas, and the postal vehicle is otherwise properly parked, the event may be classified as a parked industrial accident.

**Natural Event** — A natural event accident is any occurrence limited solely to property damage caused by such natural events as hurricane, flood, lightning, earthquake, volcano, hail, etc.

**Other** — This code is used to identify incidents involving vandalism or where only a non-employee was in an accident on postal premises. It shall not be used for incidents involving "on duty" postal employees. Example: A customer falls in a postal lobby.

Item 6: **Fire Involved** — Check appropriate box on the form: if box 2 or 3 is checked, Item 23 must be a fire code (#300-369).

1. — None.

2. — Building and Contents refers to any type of structure as well as all equipment, vehicles, stores, supplies, or material on, under, or within the structure.

3. — Other includes open storage, fires in collection or relay boxes, vehicles, or any other fires not in a building.

Item 7: **Accident Resulted in** — Check applicable box. If box 2 or 3 is checked also complete items 9 & 10. If box 4 is checked, this is a no incident, nonreportable case. There is no requirement to file a report. That is, no injury or property damage occurred as a result of incident.

Item 8: **Was On-Site Investigation Conducted By Immediate Supervisor?** — Check one.

**HBK EL-505, INJURY COMPENSATION, DECEMBER 1995**  
FORMS

Form 1769 (continued)

|  |   |  |  |  |  |                       |  |  |  |  |  |  |  |
|--|---|--|--|--|--|-----------------------|--|--|--|--|--|--|--|
| Item 9:  | <p><b>Ownership of Damaged Property</b> — If there was property damage select appropriate codes from the lists below:</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <p><b>a. Postal</b></p> <p>0 — Not Applicable<br/>1 — Postal</p> </td> <td style="vertical-align: top;"> <p><b>b. Non-Postal</b></p> <p>0 — Not Applicable<br/>2 — Other government agency<br/>3 — Private party<br/>4 — Employee's personal property used in postal operation, including privately owned rural carrier vehicles<br/>5 — Hired, leased, or rented<br/>6 — Contractor working on premises<br/>7 — Star route or messenger<br/>8 — Other (<i>explain in narrative</i>)<br/>9 — Combination of the above</p> </td> </tr> </table>   | <p><b>a. Postal</b></p> <p>0 — Not Applicable<br/>1 — Postal</p>         | <p><b>b. Non-Postal</b></p> <p>0 — Not Applicable<br/>2 — Other government agency<br/>3 — Private party<br/>4 — Employee's personal property used in postal operation, including privately owned rural carrier vehicles<br/>5 — Hired, leased, or rented<br/>6 — Contractor working on premises<br/>7 — Star route or messenger<br/>8 — Other (<i>explain in narrative</i>)<br/>9 — Combination of the above</p> |  |  |                       |  |  |  |  |  |  |  |
| <p><b>a. Postal</b></p> <p>0 — Not Applicable<br/>1 — Postal</p>   | <p><b>b. Non-Postal</b></p> <p>0 — Not Applicable<br/>2 — Other government agency<br/>3 — Private party<br/>4 — Employee's personal property used in postal operation, including privately owned rural carrier vehicles<br/>5 — Hired, leased, or rented<br/>6 — Contractor working on premises<br/>7 — Star route or messenger<br/>8 — Other (<i>explain in narrative</i>)<br/>9 — Combination of the above</p>  |  |  |  |  |                       |  |  |  |  |  |  |  |
| Item 10:   | <p><b>Estimated Property Damage (round to nearest dollar)</b> — (<i>For example, \$987.65 must be written as \$ 0 0 0 9 8 8</i>) — When possible, coordinate estimates with the managers of fleet operations, plant maintenance or procurement services.</p> <p>a. Enter all postal damage here.<br/>b. Enter all non-postal damage here. (<i>including privately owned rural carrier vehicles</i>)</p>   |  |  |  |  |                       |  |  |  |  |  |  |  |
| Item 11:   | <p><b>Accident Date</b> — Use numerals. For example, February 28, 1991, must be written as 02/28/91.</p>  |  |  |  |  |                       |  |  |  |  |  |  |  |
| Item 12:   | <p><b>Time of Day Accident Happened</b> — Use 24 hour clock. For example, 1:05 PM must be written as 1305, or 1:45 PM must be written as 1345.</p>  |  |  |  |  |                       |  |  |  |  |  |  |  |
| Item 13:   | <p><b>Day of Week</b> — Check one.</p>  |  |  |  |  |                       |  |  |  |  |  |  |  |
| Item 14:   | <p><b>Weather</b> — Enter the code from the following list that best describes the weather at the accident scene.</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <p>1. — Clear<br/>2. — Cloudy<br/>3. — Rain</p> </td> <td style="vertical-align: top;"> <p>4. — Snow<br/>5. — Fog<br/>6. — Sleet<br/>9. — Not applicable (<i>if accident happened indoors</i>)</p> </td> </tr> </table>  | <p>1. — Clear<br/>2. — Cloudy<br/>3. — Rain</p>                          | <p>4. — Snow<br/>5. — Fog<br/>6. — Sleet<br/>9. — Not applicable (<i>if accident happened indoors</i>)</p>   |  |  |                       |  |  |  |  |  |  |  |
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| Item 15:   | <p><b>General Description of Accident Area</b> — Enter the code from the following list that best describes the neighborhood.</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <p>1. City business<br/>2. City residential<br/>3. Suburban business</p> </td> <td style="vertical-align: top;"> <p>4. Suburban residential<br/>5. Rural<br/>9. Not Applicable (use this code when accident occurs on postal premises)</p> </td> </tr> </table>  | <p>1. City business<br/>2. City residential<br/>3. Suburban business</p> | <p>4. Suburban residential<br/>5. Rural<br/>9. Not Applicable (use this code when accident occurs on postal premises)</p>  |  |  |                       |  |  |  |  |  |  |  |
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| Item 16:   | <p><b>Building Where Accident Happened</b> — If the accident happened in, or on the premises of a specific building, enter the appropriate code from the following list:</p> <p>Postal</p> <table border="0" style="width: 100%;"> <tr> <td colspan="2"><b>Associate Office</b></td> </tr> <tr> <td style="vertical-align: top;"> <p>01 Category A-G P.O.<br/>03 Category H-J P.O.<br/>05 Category K P.O.<br/>06 Category L P.O.</p> </td> <td style="vertical-align: top;"> <p>13 Headquarters Office<br/>14 Postal Data Center<br/>15 Supply Center<br/>16 Mail Equipment Shop<br/>18 Independent Mail Processing Center<br/>19 Mail Bag Depository and Repair Center<br/>22 Railroad Terminal<br/>23 Truck Terminal<br/>24 Bulk Mail Center<br/>25 Postal Training Facility<br/>26 Other</p> </td> </tr> <tr> <td colspan="2"><b>Station/Branch</b></td> </tr> <tr> <td style="vertical-align: top;"> <p>02 Category A-G<br/>04 Category H-J</p> </td> <td></td> </tr> <tr> <td style="vertical-align: top;"> <p>07 Division — Main Office<br/>08 MSC — Main Office<br/>10 Vehicle Maintenance Facility<br/>11 Airmail Facility<br/>12 Regional Office</p> </td> <td></td> </tr> </table> <p>Non-Postal</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <p>50 Other government building<br/>51 Customer's building/premises<br/>97 Other (<i>Explain in narrative</i>)<br/>99 Not applicable</p> </td> <td></td> </tr> </table> | <b>Associate Office</b>  |  | <p>01 Category A-G P.O.<br/>03 Category H-J P.O.<br/>05 Category K P.O.<br/>06 Category L P.O.</p> | <p>13 Headquarters Office<br/>14 Postal Data Center<br/>15 Supply Center<br/>16 Mail Equipment Shop<br/>18 Independent Mail Processing Center<br/>19 Mail Bag Depository and Repair Center<br/>22 Railroad Terminal<br/>23 Truck Terminal<br/>24 Bulk Mail Center<br/>25 Postal Training Facility<br/>26 Other</p> | <b>Station/Branch</b> |  | <p>02 Category A-G<br/>04 Category H-J</p> |  | <p>07 Division — Main Office<br/>08 MSC — Main Office<br/>10 Vehicle Maintenance Facility<br/>11 Airmail Facility<br/>12 Regional Office</p> |  | <p>50 Other government building<br/>51 Customer's building/premises<br/>97 Other (<i>Explain in narrative</i>)<br/>99 Not applicable</p> |  |
| <b>Associate Office</b>  |   |  |  |  |  |                       |  |  |  |  |  |  |  |
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| <b>Station/Branch</b>  |   |  |  |  |  |                       |  |  |  |  |  |  |  |
| <p>02 Category A-G<br/>04 Category H-J</p>   |   |  |  |  |  |                       |  |  |  |  |  |  |  |
| <p>07 Division — Main Office<br/>08 MSC — Main Office<br/>10 Vehicle Maintenance Facility<br/>11 Airmail Facility<br/>12 Regional Office</p> |   |  |  |  |  |                       |  |  |  |  |  |  |  |
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**HBK EL-505, INJURY COMPENSATION, DECEMBER 1995**  
FORMS

Form 1769 (continued)

|   |   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
|---|---|----------------------|---------------------------|----------------------------|------------------------------|----------------------------|-----------------------|------------------------------|-----------------------|--------------------------|--------------------------|----------------------------|-----------------------|---------------------------------|-----------------------------------|-----------------------------------|--------------------|---|----------------|---|---|----------------------------|-----------------------------------|------------------------------|-------------|--------------------------|------------------------|----------------------------|-------------------------|---------------------------------|---|-----------------------------------|-------------------------------|---------------------------|---|-----------|----------------|------------------------------|-----------------------------------|---------------------------------|------------------|---------------------------|-----------------|--------------------------------|----------------------------|--|------------------|------------------|--------------------|-------------------------|-----------------|------------------|----------------------------|-----------|-----------------------------|----------------------|--|--|-----------------------------|--|---------------------|-----------------------|--------------|---------------|----------------|---------------------------|------------------|-------------------------|----------|---------------------------|----------------|---------------------|-------------------------|----------------|---------------------------|-----------------------|-----------------------------|--------------------|--|------------------------|-------------|--------------|-------------|----------------|--------------------|-----------------|----------|-----------------------|-------------------|
| Item 17:                                    | <p><b>Work Location</b> — Enter the code from the following list that best describes the type of work area or type of route where the employee was working.</p> <p>On Postal Premises</p> <table border="0"> <tr> <td>01 Facing tables</td> <td>33 Cancellation</td> </tr> <tr> <td>02 Processing metered mail</td> <td>34 Dispatching; staging area</td> </tr> <tr> <td>03 Outgoing letter primary</td> <td>35 Outgoing newspaper</td> </tr> <tr> <td>04 Outgoing letter secondary</td> <td>36 Incoming newspaper</td> </tr> <tr> <td>06 Outgoing flat primary</td> <td>37 Sack examination area</td> </tr> <tr> <td>07 Outgoing flat secondary</td> <td>38 NMO and irregulars</td> </tr> <tr> <td>09 Outgoing parcel post primary</td> <td>39 OCR — optical character reader</td> </tr> <tr> <td>10 Outgoing parcel post secondary</td> <td>40 Bar Code Sorter</td> </tr> <tr> <td>12 Outgoing small parcels &amp; rolls primary</td> <td>42 Office work</td> </tr> <tr> <td>13 Outgoing small parcels &amp; rolls secondary</td> <td>43 Miscellaneous non-mail handling activities by Mailing Division employees</td> </tr> <tr> <td>15 Incoming letter primary</td> <td>45 Computerized Forwarding System</td> </tr> <tr> <td>16 Incoming letter secondary</td> <td>47 Registry</td> </tr> <tr> <td>17 Incoming flat primary</td> <td>48 Carrier—office work</td> </tr> <tr> <td>18 Incoming flat secondary</td> <td>49 Dock &amp; platform area</td> </tr> <tr> <td>19 Incoming parcel post primary</td> <td>51 Sorting machine cat walks, drive platform, and maintenance areas</td> </tr> <tr> <td>20 Incoming parcel post secondary</td> <td>52 Flat sorting machine (FSM)</td> </tr> <tr> <td>21 Sack shakeout; dumping</td> <td>55 Others relating to fixed-mechanization</td> </tr> <tr> <td>22 Rewrap</td> <td>56 Office area</td> </tr> <tr> <td>23 Box section/letter casing</td> <td>57 Small parcel and bundle sorter</td> </tr> <tr> <td>24 Letter sorting machine (LSM)</td> <td>58 Walk-in vault</td> </tr> <tr> <td>25 Parcel sorting machine</td> <td>59 Banding unit</td> </tr> <tr> <td>26 Container loaders/unloaders</td> <td>60 Lobby or customer areas</td> </tr> <tr> <td>27 Weighers section and related activities</td> <td>61 ET, MPE shops</td> </tr> <tr> <td>28 Roller tables</td> <td>62 Carpenter shops</td> </tr> <tr> <td>29 Sack sorting machine</td> <td>63 Battery shop</td> </tr> <tr> <td>30 Rotary slides</td> <td>64 Industrial vehicle shop</td> </tr> <tr> <td>31 Chutes</td> <td>65 Custodial equipment room</td> </tr> <tr> <td>32 Culling operation</td> <td>66 Other Maintenance area<br/><i>(Explain in narrative)</i></td> </tr> <tr> <td></td> <td>67 Parking/Maneuvering area</td> </tr> <tr> <td></td> <td>68 Aisle/Passageway</td> </tr> </table> <p>Off Postal Premises</p> <table border="0"> <tr> <td>69 Express Mail route</td> <td>78 Air route</td> </tr> <tr> <td>70 Foot route</td> <td>79 Relay route</td> </tr> <tr> <td>71 Special delivery route</td> <td>80 Park and loop</td> </tr> <tr> <td>72 Parcel post delivery</td> <td>81 Depot</td> </tr> <tr> <td>73 Mounted route delivery</td> <td>82 Maintenance</td> </tr> <tr> <td>74 Collection route</td> <td>83 Enroute to servicing</td> </tr> <tr> <td>75 Rural route</td> <td>84 Enroute from servicing</td> </tr> <tr> <td>76 Interstation route</td> <td>85 Parking—maneuvering area</td> </tr> <tr> <td>77 Intercity route</td> <td></td> </tr> </table> <p>Miscellaneous</p> <table border="0"> <tr> <td>87 Lunchroom/cafeteria</td> <td>92 Elevator</td> </tr> <tr> <td>88 Rest room</td> <td>93 Mail box</td> </tr> <tr> <td>89 Boiler room</td> <td>94 Conveyor tunnel</td> </tr> <tr> <td>90 Machine room</td> <td>97 Other</td> </tr> <tr> <td>91 Trash room or area</td> <td>99 Not applicable</td> </tr> </table> | 01 Facing tables     | 33 Cancellation           | 02 Processing metered mail | 34 Dispatching; staging area | 03 Outgoing letter primary | 35 Outgoing newspaper | 04 Outgoing letter secondary | 36 Incoming newspaper | 06 Outgoing flat primary | 37 Sack examination area | 07 Outgoing flat secondary | 38 NMO and irregulars | 09 Outgoing parcel post primary | 39 OCR — optical character reader | 10 Outgoing parcel post secondary | 40 Bar Code Sorter | 12 Outgoing small parcels & rolls primary | 42 Office work | 13 Outgoing small parcels & rolls secondary | 43 Miscellaneous non-mail handling activities by Mailing Division employees | 15 Incoming letter primary | 45 Computerized Forwarding System | 16 Incoming letter secondary | 47 Registry | 17 Incoming flat primary | 48 Carrier—office work | 18 Incoming flat secondary | 49 Dock & platform area | 19 Incoming parcel post primary | 51 Sorting machine cat walks, drive platform, and maintenance areas | 20 Incoming parcel post secondary | 52 Flat sorting machine (FSM) | 21 Sack shakeout; dumping | 55 Others relating to fixed-mechanization | 22 Rewrap | 56 Office area | 23 Box section/letter casing | 57 Small parcel and bundle sorter | 24 Letter sorting machine (LSM) | 58 Walk-in vault | 25 Parcel sorting machine | 59 Banding unit | 26 Container loaders/unloaders | 60 Lobby or customer areas | 27 Weighers section and related activities | 61 ET, MPE shops | 28 Roller tables | 62 Carpenter shops | 29 Sack sorting machine | 63 Battery shop | 30 Rotary slides | 64 Industrial vehicle shop | 31 Chutes | 65 Custodial equipment room | 32 Culling operation | 66 Other Maintenance area<br><i>(Explain in narrative)</i> |  | 67 Parking/Maneuvering area |  | 68 Aisle/Passageway | 69 Express Mail route | 78 Air route | 70 Foot route | 79 Relay route | 71 Special delivery route | 80 Park and loop | 72 Parcel post delivery | 81 Depot | 73 Mounted route delivery | 82 Maintenance | 74 Collection route | 83 Enroute to servicing | 75 Rural route | 84 Enroute from servicing | 76 Interstation route | 85 Parking—maneuvering area | 77 Intercity route |  | 87 Lunchroom/cafeteria | 92 Elevator | 88 Rest room | 93 Mail box | 89 Boiler room | 94 Conveyor tunnel | 90 Machine room | 97 Other | 91 Trash room or area | 99 Not applicable |
| 01 Facing tables                            | 33 Cancellation   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 02 Processing metered mail                  | 34 Dispatching; staging area  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 03 Outgoing letter primary                  | 35 Outgoing newspaper   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 04 Outgoing letter secondary                | 36 Incoming newspaper   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 06 Outgoing flat primary                    | 37 Sack examination area  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 07 Outgoing flat secondary                  | 38 NMO and irregulars   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 09 Outgoing parcel post primary             | 39 OCR — optical character reader   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 10 Outgoing parcel post secondary           | 40 Bar Code Sorter  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 12 Outgoing small parcels & rolls primary   | 42 Office work  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 13 Outgoing small parcels & rolls secondary | 43 Miscellaneous non-mail handling activities by Mailing Division employees   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 15 Incoming letter primary                  | 45 Computerized Forwarding System   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 16 Incoming letter secondary                | 47 Registry   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 17 Incoming flat primary                    | 48 Carrier—office work  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 18 Incoming flat secondary                  | 49 Dock & platform area   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 19 Incoming parcel post primary             | 51 Sorting machine cat walks, drive platform, and maintenance areas   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 20 Incoming parcel post secondary           | 52 Flat sorting machine (FSM)   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 21 Sack shakeout; dumping                   | 55 Others relating to fixed-mechanization   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 22 Rewrap                                   | 56 Office area  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 23 Box section/letter casing                | 57 Small parcel and bundle sorter   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 24 Letter sorting machine (LSM)             | 58 Walk-in vault  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 25 Parcel sorting machine                   | 59 Banding unit   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 26 Container loaders/unloaders              | 60 Lobby or customer areas  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 27 Weighers section and related activities  | 61 ET, MPE shops  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 28 Roller tables                            | 62 Carpenter shops  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 29 Sack sorting machine                     | 63 Battery shop   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 30 Rotary slides                            | 64 Industrial vehicle shop  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 31 Chutes                                   | 65 Custodial equipment room   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 32 Culling operation                        | 66 Other Maintenance area<br><i>(Explain in narrative)</i>  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
|   | 67 Parking/Maneuvering area   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
|   | 68 Aisle/Passageway   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 69 Express Mail route                       | 78 Air route  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 70 Foot route                               | 79 Relay route  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 71 Special delivery route                   | 80 Park and loop  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 72 Parcel post delivery                     | 81 Depot  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 73 Mounted route delivery                   | 82 Maintenance  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 74 Collection route                         | 83 Enroute to servicing   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 75 Rural route                              | 84 Enroute from servicing   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 76 Interstation route                       | 85 Parking—maneuvering area   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 77 Intercity route                          |   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 87 Lunchroom/cafeteria                      | 92 Elevator   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 88 Rest room                                | 93 Mail box   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 89 Boiler room                              | 94 Conveyor tunnel  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 90 Machine room                             | 97 Other  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 91 Trash room or area                       | 99 Not applicable   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| Item 18:                                    | <p><b>Specific Description of Accident Area</b> — Enter the code from the following list that best describes the description of the accident area:</p> <table border="0"> <tr> <td>1 Public street/road</td> <td>6 Private road</td> </tr> <tr> <td>2 Public sidewalk</td> <td>7 Highway</td> </tr> <tr> <td>3 Public alley</td> <td>8 Expressway</td> </tr> <tr> <td>4 Non-Postal premises</td> <td>9 Postal premises</td> </tr> <tr> <td>5 (Reserved)</td> <td></td> </tr> </table>   | 1 Public street/road | 6 Private road            | 2 Public sidewalk          | 7 Highway                    | 3 Public alley             | 8 Expressway          | 4 Non-Postal premises        | 9 Postal premises     | 5 (Reserved)             |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 1 Public street/road                        | 6 Private road  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 2 Public sidewalk                           | 7 Highway   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 3 Public alley                              | 8 Expressway  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 4 Non-Postal premises                       | 9 Postal premises   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 5 (Reserved)                                |   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| Item 19:                                    | <p><b>Route/Schedule/Operation Number</b> — Enter the route/schedule/operation number on which the employee was working at the time of the accident. If the employee was not on a route or schedule, enter the operation number.</p>  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| Item 20:                                    | <p><b>Light</b> — Enter the code from the following list that best describes the type of light in which the accident occurred.</p> <table border="0"> <tr> <td>01 Dawn</td> <td>04 Light provided but out</td> </tr> <tr> <td>02 Dark and unlighted</td> <td>05 Daylight—clear</td> </tr> <tr> <td>03 Lighted or illuminated</td> <td>06 Daylight—overcast</td> </tr> <tr> <td></td> <td>07 Dusk</td> </tr> </table>  | 01 Dawn              | 04 Light provided but out | 02 Dark and unlighted      | 05 Daylight—clear            | 03 Lighted or illuminated  | 06 Daylight—overcast  |                              | 07 Dusk               |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 01 Dawn                                     | 04 Light provided but out   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 02 Dark and unlighted                       | 05 Daylight—clear   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
| 03 Lighted or illuminated                   | 06 Daylight—overcast  |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |
|   | 07 Dusk   |                      |                           |                            |                              |                            |                       |                              |                       |                          |                          |                            |                       |                                 |                                   |                                   |                    |   |                |   |   |                            |                                   |                              |             |                          |                        |                            |                         |                                 |   |                                   |                               |                           |   |           |                |                              |                                   |                                 |                  |                           |                 |                                |                            |  |                  |                  |                    |                         |                 |                  |                            |           |                             |                      |  |  |                             |  |                     |                       |              |               |                |                           |                  |                         |          |                           |                |                     |                         |                |                           |                       |                             |                    |  |                        |             |              |             |                |                    |                 |          |                       |                   |

**HBK EL-505, INJURY COMPENSATION, DECEMBER 1995**  
FORMS

Form 1769 (continued)

|  |   |  |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
|--|---|--|------------------|-----------------------------|----------|---------------------------------|-----------------------|---------------------|--|--|--|--------------------|-----------|--|--|------------------|--|--|--|----------------|--|--------------------------------------|--|----------------|--|----------------|--|----------------|--|--|--|-------------------------|--|-------------------------------|--|------------------------------|--|----------------------|--|-------------------------|--|----------------|--|--|--|--------------|--|---------------------------------------|--|---|--|----------------------------|--|-----------------------|--|---------------------------------------|--|--|--|---------------------------|--|-----------------------|--|---------------------------------------|--|---------------------|--|---------------------------|--|----------------------|--|--|--|------------------------|--|----------------------------|--|-----------------------------|--|-------------------------------|--|---|--|------------------------------|--|--|--|------------------|--|----------------------|--|---------------------|--|---|--|--------------------|--|---------------------------------------|--|---------------------------|--|---------------------------|--|---------------------------|--|----------------------------|--|---------------------------|--|---------------|--|---------------|--|-------------------------|--|-----------------------------|--|---------------|--|----------------|--|--|--|-----------------|--|--|--|--|--|
| Item 21:   | <p><b>Surface</b> — Enter the code from the following list that best describes the type of surface on which the accident occurred.</p> <table border="0"> <tr> <td>01 Concrete</td> <td>07 Wood</td> </tr> <tr> <td>02 Blacktop</td> <td>08 Metal</td> </tr> <tr> <td>03 Brick and stone</td> <td>09 Sand</td> </tr> <tr> <td>04 Gravel</td> <td>10 Grass</td> </tr> <tr> <td>05 Dirt</td> <td>11 Other (<i>Explain in narrative</i>)</td> </tr> <tr> <td>06 Tile</td> <td>12 Carpet</td> </tr> </table>  | 01 Concrete  | 07 Wood          | 02 Blacktop                 | 08 Metal | 03 Brick and stone              | 09 Sand               | 04 Gravel           | 10 Grass                                 | 05 Dirt  | 11 Other ( <i>Explain in narrative</i> ) | 06 Tile            | 12 Carpet |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 01 Concrete  | 07 Wood   |  |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 02 Blacktop  | 08 Metal  |  |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 03 Brick and stone   | 09 Sand   |  |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 04 Gravel  | 10 Grass  |  |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 05 Dirt  | 11 Other ( <i>Explain in narrative</i> )  |  |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 06 Tile  | 12 Carpet   |  |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| Item 22:   | <p><b>Surface Conditions</b> — Enter the code from the following list that best describes the surface conditions on which the accident occurred.</p> <table border="0"> <tr> <td>01 Dry</td> <td>06 Oily or slick</td> </tr> <tr> <td>02 Wet</td> <td>08 Icy</td> </tr> <tr> <td>03 Muddy</td> <td>09 Uneven or potholes</td> </tr> <tr> <td>04 Snow</td> <td>10 Other (<i>Explain in narrative</i>)</td> </tr> <tr> <td>05 Loose sand or dirt</td> <td></td> </tr> </table>  | 01 Dry   | 06 Oily or slick | 02 Wet                      | 08 Icy   | 03 Muddy                        | 09 Uneven or potholes | 04 Snow             | 10 Other ( <i>Explain in narrative</i> ) | 05 Loose sand or dirt                                  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 01 Dry   | 06 Oily or slick  |  |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 02 Wet   | 08 Icy  |  |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 03 Muddy   | 09 Uneven or potholes   |  |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 04 Snow  | 10 Other ( <i>Explain in narrative</i> )  |  |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 05 Loose sand or dirt  |   |  |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| Item 23:   | <p><b>Circumstances Leading to Injury or Damage</b> — Enter the code from the following list that best describes the action or condition which caused the accident.</p> <p><b>Industrial</b></p> <table border="0"> <tr> <td colspan="2"><b>General</b></td> <td colspan="2"><b>Falls from elevation</b></td> </tr> <tr> <td>001 Caught in, under or between</td> <td></td> <td>050 On stairs/steps</td> <td></td> </tr> <tr> <td>002 Stepping in or on object<br/>(<i>not falling</i>)</td> <td></td> <td>051 From platforms</td> <td></td> </tr> <tr> <td>003 Tripping on or tripped by object<br/>(<i>not falling</i>)</td> <td></td> <td>052 From porches</td> <td></td> </tr> <tr> <td>004 Slipping and twisting (<i>not falling</i>)</td> <td></td> <td>053 From docks</td> <td></td> </tr> <tr> <td>005 Exposure to extreme temperatures</td> <td></td> <td>054 From curbs</td> <td></td> </tr> <tr> <td>006 Inhalation</td> <td></td> <td>055 From ramps</td> <td></td> </tr> <tr> <td>007 Striking against material or equipment</td> <td></td> <td>056 From chairs, stools</td> <td></td> </tr> <tr> <td>008 Jumping to or from places</td> <td></td> <td>057 From stationary vehicles</td> <td></td> </tr> <tr> <td>009 Stooping/bending</td> <td></td> <td>059 Into floor openings</td> <td></td> </tr> <tr> <td colspan="2"><b>Animals</b></td> <td colspan="2"><b>Lifting, pulling, pushing, throwing, keying</b></td> </tr> <tr> <td>010 Dog bite</td> <td></td> <td>080 Lifting from or to a higher level</td> <td></td> </tr> <tr> <td>011 Dog incident (<i>other than bite</i>)</td> <td></td> <td>081 Handling at same level</td> <td></td> </tr> <tr> <td>012 Other animal bite</td> <td></td> <td>090 Pulling from or to a higher level</td> <td></td> </tr> <tr> <td>013 Other animal incident (<i>not bites</i>)</td> <td></td> <td>091 Pulling at same level</td> <td></td> </tr> <tr> <td>014 Insect bite/sting</td> <td></td> <td>100 Pushing from or to a higher level</td> <td></td> </tr> <tr> <td colspan="2"><b>Contact with</b></td> <td>101 Pushing at same level</td> <td></td> </tr> <tr> <td>020 Toxic substances</td> <td></td> <td>110 Throwing from or to a higher level</td> <td></td> </tr> <tr> <td>021 Caustic substances</td> <td></td> <td>111 Throwing at same level</td> <td></td> </tr> <tr> <td>022 Radiological substances</td> <td></td> <td>120 Repetitive motions/keying</td> <td></td> </tr> <tr> <td>023 Biological substances (<i>no syringe</i>)</td> <td></td> <td>121 Repetitive motions—other</td> <td></td> </tr> <tr> <td>024 Biological substances (<i>syringe</i>)</td> <td></td> <td><b>Struck by</b></td> <td></td> </tr> <tr> <td>025 Electric current</td> <td></td> <td>150 Falling objects</td> <td></td> </tr> <tr> <td>026 Chemical (<i>including dog spray</i>)</td> <td></td> <td>151 Flying objects</td> <td></td> </tr> <tr> <td>027 Hot or cold objects or substances</td> <td></td> <td>152 Material or equipment</td> <td></td> </tr> <tr> <td>028 Dust/foreign particle</td> <td></td> <td><b>Violence/Vandalism</b></td> <td></td> </tr> <tr> <td colspan="2"><b>Falls on same level</b></td> <td>160 By postal employee(s)</td> <td></td> </tr> <tr> <td>040 To floors</td> <td></td> <td>161 By others</td> <td></td> </tr> <tr> <td>041 To sidewalks/ground</td> <td></td> <td><b>Legally Parked/Other</b></td> <td></td> </tr> <tr> <td>042 To street</td> <td></td> <td>170 On roadway</td> <td></td> </tr> <tr> <td></td> <td></td> <td>171 Off roadway</td> <td></td> </tr> <tr> <td></td> <td></td> <td>172 Rural carrier—off duty vehicle-related</td> <td></td> </tr> </table> | <b>General</b>                                     |                  | <b>Falls from elevation</b> |          | 001 Caught in, under or between |                       | 050 On stairs/steps |  | 002 Stepping in or on object<br>( <i>not falling</i> ) |  | 051 From platforms |           | 003 Tripping on or tripped by object<br>( <i>not falling</i> ) |  | 052 From porches |  | 004 Slipping and twisting ( <i>not falling</i> ) |  | 053 From docks |  | 005 Exposure to extreme temperatures |  | 054 From curbs |  | 006 Inhalation |  | 055 From ramps |  | 007 Striking against material or equipment |  | 056 From chairs, stools |  | 008 Jumping to or from places |  | 057 From stationary vehicles |  | 009 Stooping/bending |  | 059 Into floor openings |  | <b>Animals</b> |  | <b>Lifting, pulling, pushing, throwing, keying</b> |  | 010 Dog bite |  | 080 Lifting from or to a higher level |  | 011 Dog incident ( <i>other than bite</i> ) |  | 081 Handling at same level |  | 012 Other animal bite |  | 090 Pulling from or to a higher level |  | 013 Other animal incident ( <i>not bites</i> ) |  | 091 Pulling at same level |  | 014 Insect bite/sting |  | 100 Pushing from or to a higher level |  | <b>Contact with</b> |  | 101 Pushing at same level |  | 020 Toxic substances |  | 110 Throwing from or to a higher level |  | 021 Caustic substances |  | 111 Throwing at same level |  | 022 Radiological substances |  | 120 Repetitive motions/keying |  | 023 Biological substances ( <i>no syringe</i> ) |  | 121 Repetitive motions—other |  | 024 Biological substances ( <i>syringe</i> ) |  | <b>Struck by</b> |  | 025 Electric current |  | 150 Falling objects |  | 026 Chemical ( <i>including dog spray</i> ) |  | 151 Flying objects |  | 027 Hot or cold objects or substances |  | 152 Material or equipment |  | 028 Dust/foreign particle |  | <b>Violence/Vandalism</b> |  | <b>Falls on same level</b> |  | 160 By postal employee(s) |  | 040 To floors |  | 161 By others |  | 041 To sidewalks/ground |  | <b>Legally Parked/Other</b> |  | 042 To street |  | 170 On roadway |  |  |  | 171 Off roadway |  |  |  | 172 Rural carrier—off duty vehicle-related |  |
| <b>General</b>   |   | <b>Falls from elevation</b>                        |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 001 Caught in, under or between                                |   | 050 On stairs/steps                                |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 002 Stepping in or on object<br>( <i>not falling</i> )         |   | 051 From platforms                                 |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 003 Tripping on or tripped by object<br>( <i>not falling</i> ) |   | 052 From porches                                   |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 004 Slipping and twisting ( <i>not falling</i> )               |   | 053 From docks                                     |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 005 Exposure to extreme temperatures                           |   | 054 From curbs                                     |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 006 Inhalation   |   | 055 From ramps                                     |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 007 Striking against material or equipment                     |   | 056 From chairs, stools                            |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 008 Jumping to or from places                                  |   | 057 From stationary vehicles                       |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 009 Stooping/bending   |   | 059 Into floor openings                            |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| <b>Animals</b>   |   | <b>Lifting, pulling, pushing, throwing, keying</b> |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 010 Dog bite   |   | 080 Lifting from or to a higher level              |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 011 Dog incident ( <i>other than bite</i> )                    |   | 081 Handling at same level                         |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 012 Other animal bite  |   | 090 Pulling from or to a higher level              |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 013 Other animal incident ( <i>not bites</i> )                 |   | 091 Pulling at same level                          |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 014 Insect bite/sting  |   | 100 Pushing from or to a higher level              |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| <b>Contact with</b>  |   | 101 Pushing at same level                          |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 020 Toxic substances   |   | 110 Throwing from or to a higher level             |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 021 Caustic substances   |   | 111 Throwing at same level                         |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 022 Radiological substances                                    |   | 120 Repetitive motions/keying                      |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 023 Biological substances ( <i>no syringe</i> )                |   | 121 Repetitive motions—other                       |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 024 Biological substances ( <i>syringe</i> )                   |   | <b>Struck by</b>                                   |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 025 Electric current   |   | 150 Falling objects                                |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 026 Chemical ( <i>including dog spray</i> )                    |   | 151 Flying objects                                 |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 027 Hot or cold objects or substances                          |   | 152 Material or equipment                          |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 028 Dust/foreign particle                                      |   | <b>Violence/Vandalism</b>                          |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| <b>Falls on same level</b>                                     |   | 160 By postal employee(s)                          |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 040 To floors  |   | 161 By others                                      |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 041 To sidewalks/ground  |   | <b>Legally Parked/Other</b>                        |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
| 042 To street  |   | 170 On roadway                                     |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
|  |   | 171 Off roadway                                    |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |
|  |   | 172 Rural carrier—off duty vehicle-related         |                  |                             |          |                                 |                       |                     |  |  |  |                    |           |  |  |                  |  |  |  |                |  |                                      |  |                |  |                |  |                |  |  |  |                         |  |                               |  |                              |  |                      |  |                         |  |                |  |  |  |              |  |                                       |  |   |  |                            |  |                       |  |                                       |  |  |  |                           |  |                       |  |                                       |  |                     |  |                           |  |                      |  |  |  |                        |  |                            |  |                             |  |                               |  |   |  |                              |  |  |  |                  |  |                      |  |                     |  |   |  |                    |  |                                       |  |                           |  |                           |  |                           |  |                            |  |                           |  |               |  |               |  |                         |  |                             |  |               |  |                |  |  |  |                 |  |  |  |  |  |

|   |  |   |  |
|---|--|---|--|
| <b>Fires or Smoldering</b>                |  | <b>Flammable liquids</b>  |  |
| <b>Electricity</b>                        |  | 330 Flooded carburetor  |  |
| 300 Short circuit in wiring               |  | 339 Other ( <i>Explain in narrative</i> )                         |  |
| 301 Overloaded wiring or switch           |  | <b>Other</b>  |  |
| 302 Defective wiring                      |  | 350 Incendiarism ( <i>deliberately set fire</i> )                 |  |
| 303 Motors or equipment                   |  | 351 Lightning with fire ensuing                                   |  |
| 309 Other ( <i>Explain in narrative</i> ) |  | 352 Matches and smoking   |  |
| <b>Explosion</b>                          |  | 353 Open flames, welding & torches                                |  |
| 310 Carburetor backfire                   |  | 354 Overheated grease, tar, or wax<br>( <i>Example: hot box</i> ) |  |
| 311 Chemical                              |  | 355 Spontaneous ignition  |  |
| 312 Bomb                                  |  | 356 Stoves, furnaces and boilers                                  |  |
| 319 Other ( <i>Explain in narrative</i> ) |  | 368 Miscellaneous known causes                                    |  |
| <b>Exposure</b>                           |  | 369 Undetermined cause of fire or smoldering                      |  |
| 320 From adjoining premises or space      |  |   |  |

**HBK EL-505, INJURY COMPENSATION, DECEMBER 1995**  
FORMS

Form 1769 (continued)

Item 23—Continued:

|   |                                     |
|---|-------------------------------------|
| <b>Motor Vehicle</b>  | <b>700</b> Non-collision accidents  |
| <b>400</b> Rollaway—engine off  |                                     |
| <b>401</b> Runaway—engine on  | <b>800</b> Not Elsewhere Classified |
| <b>500</b> Collision or sideswipe with another vehicle—both vehicles in motion. |                                     |
| <b>600</b> Collision or sideswipe with a standing vehicle or Stationary object  |                                     |

Item 24: **Item Causing the Actual Injury or Damage** — Select the code from the following list that best describes the actual article which inflicted the physical injury or damage to property. (*Specify manufacturer name, model no., etc. in narrative*)

|  |  |
|--|--|
| <b>Vehicle Powered</b>   | <b>Mechanical Power Transmission Devices</b>           |
| <b>001</b> Aircraft  | <b>070</b> Gears                                       |
| <b>005</b> Watercraft  | <b>071</b> Belts                                       |
| <b>009</b> Railroad  | <b>072</b> Chains, ropes, cables                       |
|  | <b>073</b> Drums, pulleys, sheaves                     |
| <b>Specific Part of Highway Motor Vehicle</b>  | <b>079</b> Other mechanical power transmission devices |
| <b>010</b> Windshield  |  |
| <b>011</b> Instrument panel—dashboard  | <b>Hand Tools</b>                                      |
| <b>012</b> Delivery tray   | <b>080</b> Not powered                                 |
| <b>013</b> Driver's seat   | <b>081</b> Drills                                      |
| <b>014</b> Rider's seat  | <b>083</b> Grinder, buffer, sander                     |
| <b>015</b> Steering wheel or column  | <b>085</b> Saw   |
| <b>016</b> Foot pedals   | <b>087</b> Hammers, riveter, air/pneumatic             |
| <b>017</b> Doors   | <b>089</b> Other hand tools                            |
| <b>018</b> Windows   |  |
| <b>019</b> Top structures  | <b>Machines Powered</b>                                |
| <b>020</b> Floor structures  | <b>100</b> Buffers, polishers, sanders, grinders       |
| <b>021</b> Cargo gate  | <b>101</b> Cancelling machines                         |
| <b>022</b> Partition   | <b>102</b> Tying ( <i>Plastic Strapping</i> )          |
| <b>023</b> Mirrors   | <b>106</b> Tying ( <i>string</i> )                     |
| <b>024</b> Gear shift  | <b>130</b> Electric arc welder                         |
| <b>026</b> Visors  | <b>132</b> Drill press                                 |
| <b>027</b> Door or window handles  | <b>138</b> Sander                                      |
| <b>028</b> Moving cargo  | <b>140</b> Saw, circular                               |
| <b>029</b> Cargo restraints  | <b>142</b> Saw, band                                   |
| <b>030</b> Operator restraints   | <b>201</b> Tray mail conveyors                         |
| <b>031</b> Fenders   | <b>203</b> Other tray mail mechanization               |
| <b>032</b> Bumpers   | <b>204</b> Belt conveyors, parcels, sacks, and pouches |
| <b>033</b> Wheels  | <b>208</b> Sack sorting machines                       |
| <b>034</b> Grill   | <b>209</b> Parcel sorting machines — fixed             |
| <b>035</b> Hood  | <b>210</b> Small parcel and bundle sorting machine     |
| <b>Containers</b>  | <b>211</b> Monorail conveyors                          |
| <b>040</b> General purpose mail container (GPMC)                                     | <b>212</b> Towveyors                                   |
| <b>041</b> BMC/OTR   | <b>213</b> Diverters                                   |
| <b>042</b> BMC/In-house  | <b>216</b> Extendable conveyors                        |
| <b>043</b> Letter tray transport   | <b>218</b> Chutes, slides or roller tables             |
| <b>044</b> Eastern Region mail container (ERMC)                                      | <b>220</b> Automatic fine culler                       |
| <b>045</b> Large hampers with wheels ( <i>1046</i> )                                 | <b>221</b> Other mail preparation mechanization        |
| <b>046</b> Small hampers with wheels ( <i>1033</i> )                                 | <b>222</b> SPLSM                                       |
| <b>047</b> Wire mesh container   | <b>223</b> Other conveyors—powered                     |
| <b>049</b> Other container   | <b>224</b> Other fixed mechanization                   |
| <b>Vehicles—Industrial Powered</b>   | <b>225</b> Portable conveyors                          |
| <b>050</b> Fork lift   | <b>227</b> MPLSM—excluding dropper assembly            |
| <b>051</b> Tug   | <b>228</b> MPLSM—dropper assembly                      |
| <b>052</b> Tractor   | <b>229</b> OCR Model KC2B                              |
| <b>053</b> Verti lift  | <b>230</b> OCR Model 3560-PB                           |
| <b>054</b> Personnel Carriers  | <b>231</b> OCR Model 885                               |
| <b>055</b> Pallet lift   | <b>232</b> OCR Other Models                            |
| <b>Vehicles—Industrial Not Powered</b>   |  |
| <b>061</b> Dollies   |  |
| <b>062</b> Warehouse trucks ( <i>2-wheeled hand trucks, some with folding nose</i> ) |  |
| <b>063</b> Caddy carrier cart  |  |
| <b>066</b> Nutting/platform truck  |  |
| <b>067</b> Utility cart  |  |
| <b>069</b> Other, industrial vehicles—not powered                                    |  |

**HBK EL-505, INJURY COMPENSATION, DECEMBER 1995**  
FORMS

Form 1769 (continued)

|                    |  |   |
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| Item 24—Continued: | <p><b>Machines Powered, (Continued)</b></p> <p>233 BCS Model RA-9<br/>234 BCS Model 880<br/>260 BCS Model DBCS-990<br/>261 BCS Model 925<br/>235 BCS Other Models<br/>236 FSM Model 775<br/>237 FSM Other Models<br/>238 Facer Canceler Mark II<br/>239 Facer Canceler M-36<br/>270 Facer Canceler FAM-885<br/>240 Facer Canceler—Other Letter Mail<br/>241 Flats Canceler—Model 15<br/>242 Flats Canceler—Other Models<br/>243 Vending Machines/Changers<br/>244 Hamper Dumper<br/>245 Pallet Dumper<br/>246 Shoring Machine<br/>247 Heat Seal Machine<br/>248 Scissor Lift<br/>249 Driverless Tractor<br/>250 Keyboards (<i>typewriters, word processors, MPLSM Consoles, etc.</i>)<br/>251 Video Display Terminal<br/>299 Other machines not listed above</p> <p><b>Miscellaneous</b></p> <p>400 Acids<br/>403 Alcohol<br/>406 Animals (<i>other than dogs</i>), example: birds<br/>409 Atmosphere (<i>cold or hot</i>)<br/>412 Barrels and drums<br/>418 Benches/work<br/>421 Boilers/pressure vessels<br/>424 Books<br/>427 Bottles<br/>433 Carbon dioxide/monoxide<br/>439 Cases<br/>440 Chairs, LSM<br/>441 Chairs, other<br/>442 Chemicals, detergents and chemical compounds<br/>445 Cleaning compounds/soap<br/>448 Clips (<i>paper</i>)<br/>451 Clothing<br/>457 Conveyors—non-powered<br/>460 Counters<br/>461 Curbs<br/>466 Debris/trash/scrap/waste materials<br/>469 Desks (<i>lobby</i>)<br/>475 Docks/platforms<br/>476 Dock plates or boards<br/>478 Dogs<br/>481 Doors<br/>484 Drugs/illegal</p> <p>477 Dust<br/>487 Electric apparatus (<i>other than tools</i>)<br/>488 Elevator<br/>490 Fasteners<br/>497 File cabinets<br/>493 Fire<br/>496 Firearms<br/>495 Floors<br/>498 Foreign object<br/>499 Furniture<br/>502 Furnace<br/>505 Gasoline<br/>506 Ground<br/>508 Guernsey (<i>hamper—no wheels</i>)<br/>511 Heaters (<i>space</i>)<br/>514 Hoisting apparatus<br/>515 Hose<br/>407 Insects<br/>517 Knives</p> | <p>520 Ladders<br/>551 Lawn mower<br/>552 Lockbox<br/>523 Lock/key LA/holder/rotary<br/>532 Lockers (<i>clothing</i>)<br/>535 Lumber/wood products<br/>541 Mail (<i>too large for canceling machine</i>)<br/>547 Mail boxes (<i>collection &amp; storage</i>)<br/>548 Mail boxes (<i>customer</i>)<br/>553 Mail pouch racks (<i>to hang empties</i>)<br/>556 Mail sack (<i>loose not bundled</i>)<br/>557 Medicine<br/>562 Newspapers (<i>bundled</i>)<br/>564 Paper<br/>565 Oil/petroleum products<br/>568 Pallets/skids<br/>566 Plastic bands/strapping<br/>567 Porch<br/>574 Rest bars<br/>575 Ring knife<br/>576 Sack buckle-hasp<br/>578 Scissors<br/>579 Sharp instrument<br/>580 Shoes<br/>583 Smoke<br/>444 Snow blower<br/>446 Solvents<br/>586 Staples<br/>589 Steam</p> <p>571 Stoves<br/>590 Steps/stairs<br/>592 Tire(s)<br/>593 Welding slag/spark<br/>601 Windows<br/>605 Trees/branches/limbs<br/>606 Stools<br/>607 Sidewalks/street<br/>608 Rubber bands</p> <p><b>Boxes, crates and containers</b></p> <p>710 Less than 10 lbs<br/>711 11-20 lbs<br/>712 21-40 lbs<br/>713 41-70 lbs<br/>714 71 lbs and over</p> <p><b>Mail Trays</b></p> <p>740 Less than 10 lbs<br/>741 11-20 lbs<br/>742 21-40 lbs<br/>743 41-70 lbs<br/>744 71 lbs and over</p> <p><b>Mail Sack/Pouch</b></p> <p>760 Less than 10 lbs<br/>761 11-20 lbs<br/>762 21-40 lbs<br/>763 41-70 lbs<br/>764 71 lbs and over</p> <p><b>Satchels</b></p> <p>770 Less than 10 lbs<br/>771 11-20 lbs<br/>772 21-40 lbs<br/>773 41-70 lbs<br/>774 71 lbs and over</p> <p><b>Other material/equipment</b></p> <p>780 Less than 10 lbs<br/>781 11-20 lbs<br/>782 21-40 lbs<br/>783 41-70 lbs<br/>784 71 lbs and over</p> <p>999 Other (<i>Explain in narrative</i>)</p> |
|--------------------|--|---|

**HBK EL-505, INJURY COMPENSATION, DECEMBER 1995**  
FORMS

Form 1769 (continued)

|                      |  |                                    |   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
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| Item 25:             | <p><b>Hazardous Situation Directly Related to Accident</b> — Enter the code from the following list that best describes hazardous situations directly related to the accident.</p> <table border="0"> <tr><td>01</td><td>Inadequate aisle or working space</td><td>24</td><td>Faulty construction</td></tr> <tr><td>02</td><td>Congested or blocked area</td><td>30</td><td>Incorrect equipment design</td></tr> <tr><td>03</td><td>Unmarked doors (<i>In-Out</i>)</td><td>31</td><td>Faulty job training</td></tr> <tr><td>04</td><td>Poor drainage</td><td>32</td><td>Improper assignment of personnel</td></tr> <tr><td>05</td><td>Unsafe (<i>for working condition</i>) dress or apparel</td><td>33</td><td>Lack of or unspecified job procedures</td></tr> <tr><td>06</td><td>Insufficient electrical outlets</td><td>34</td><td>Lack of or unspecified safety rules</td></tr> <tr><td>07</td><td>Inadequately guarded equipment</td><td>35</td><td>Lack of knowledge or skill</td></tr> <tr><td>08</td><td>Absence of hand rails on steps or ramps</td><td>51</td><td>Sight obstruction</td></tr> <tr><td>09</td><td>Poor housekeeping (<i>cluttered and disorderly</i>)</td><td>52</td><td>Improperly loaded equipment or vehicle</td></tr> <tr><td>10</td><td>Unsafe planning lay-out or operational methods</td><td>62</td><td>Absence of maintenance platforms</td></tr> <tr><td>11</td><td>Improper or insufficient lighting</td><td>63</td><td>Absence of or insufficient drive chain guards or gear guards</td></tr> <tr><td>12</td><td>Lack of emergency lighting</td><td>65</td><td>Absence of or insufficient drive enclosure screening or access interlock switches</td></tr> <tr><td>13</td><td>Dangerous arrangement of loading areas, collection box location, etc.</td><td>67</td><td>Absence of or insufficient emergency pull cords or stop buttons</td></tr> <tr><td>14</td><td>Excessive noise</td><td>69</td><td>Improperly located or inaccessible lubrication points</td></tr> <tr><td>15</td><td>Platforms too high or too low</td><td>70</td><td>Improperly located or inaccessible emergency pull cords or stop buttons</td></tr> <tr><td>16</td><td>Lack of personal protective equipment</td><td>72</td><td>Other hazardous situations relating to mechanized equipment</td></tr> <tr><td>17</td><td>Absence of steps to and from platform</td><td>97</td><td>Other hazardous situation (<i>Explain in narrative</i>)</td></tr> <tr><td>18</td><td>Improper ventilation</td><td>98</td><td>No hazardous situations</td></tr> <tr><td>19</td><td>Excessive wax on floors</td><td></td><td></td></tr> <tr><td>20</td><td>Hazardous conditions of customer's premises</td><td></td><td></td></tr> <tr><td>21</td><td>Slippery or uneven surface</td><td></td><td></td></tr> <tr><td>22</td><td>Unrestrained animals</td><td></td><td></td></tr> <tr><td>23</td><td>Overload equipment</td><td></td><td></td></tr> </table>             | 01                                 | Inadequate aisle or working space   | 24                | Faulty construction | 02 | Congested or blocked area | 30 | Incorrect equipment design | 03 | Unmarked doors ( <i>In-Out</i> ) | 31 | Faulty job training                    | 04 | Poor drainage         | 32 | Improper assignment of personnel | 05 | Unsafe ( <i>for working condition</i> ) dress or apparel | 33 | Lack of or unspecified job procedures  | 06 | Insufficient electrical outlets | 34 | Lack of or unspecified safety rules | 07 | Inadequately guarded equipment         | 35 | Lack of knowledge or skill | 08 | Absence of hand rails on steps or ramps | 51 | Sight obstruction       | 09 | Poor housekeeping ( <i>cluttered and disorderly</i> ) | 52 | Improperly loaded equipment or vehicle | 10 | Unsafe planning lay-out or operational methods | 62 | Absence of maintenance platforms           | 11 | Improper or insufficient lighting | 63 | Absence of or insufficient drive chain guards or gear guards | 12 | Lack of emergency lighting | 65 | Absence of or insufficient drive enclosure screening or access interlock switches | 13 | Dangerous arrangement of loading areas, collection box location, etc. | 67 | Absence of or insufficient emergency pull cords or stop buttons | 14 | Excessive noise        | 69 | Improperly located or inaccessible lubrication points | 15 | Platforms too high or too low | 70 | Improperly located or inaccessible emergency pull cords or stop buttons | 16 | Lack of personal protective equipment | 72 | Other hazardous situations relating to mechanized equipment | 17 | Absence of steps to and from platform  | 97 | Other hazardous situation ( <i>Explain in narrative</i> ) | 18 | Improper ventilation | 98 | No hazardous situations | 19 | Excessive wax on floors |  |  | 20 | Hazardous conditions of customer's premises |  |  | 21 | Slippery or uneven surface |                                    |  | 22 | Unrestrained animals              |    |                          | 23 | Overload equipment                                  |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 01                   | Inadequate aisle or working space  | 24                                 | Faulty construction   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 02                   | Congested or blocked area  | 30                                 | Incorrect equipment design  |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 03                   | Unmarked doors ( <i>In-Out</i> )   | 31                                 | Faulty job training   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 04                   | Poor drainage  | 32                                 | Improper assignment of personnel  |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 05                   | Unsafe ( <i>for working condition</i> ) dress or apparel   | 33                                 | Lack of or unspecified job procedures   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 06                   | Insufficient electrical outlets  | 34                                 | Lack of or unspecified safety rules   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 07                   | Inadequately guarded equipment   | 35                                 | Lack of knowledge or skill  |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 08                   | Absence of hand rails on steps or ramps  | 51                                 | Sight obstruction   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 09                   | Poor housekeeping ( <i>cluttered and disorderly</i> )  | 52                                 | Improperly loaded equipment or vehicle  |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 10                   | Unsafe planning lay-out or operational methods   | 62                                 | Absence of maintenance platforms  |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 11                   | Improper or insufficient lighting  | 63                                 | Absence of or insufficient drive chain guards or gear guards                      |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 12                   | Lack of emergency lighting   | 65                                 | Absence of or insufficient drive enclosure screening or access interlock switches |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 13                   | Dangerous arrangement of loading areas, collection box location, etc.  | 67                                 | Absence of or insufficient emergency pull cords or stop buttons                   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 14                   | Excessive noise  | 69                                 | Improperly located or inaccessible lubrication points                             |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 15                   | Platforms too high or too low  | 70                                 | Improperly located or inaccessible emergency pull cords or stop buttons           |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 16                   | Lack of personal protective equipment  | 72                                 | Other hazardous situations relating to mechanized equipment                       |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 17                   | Absence of steps to and from platform  | 97                                 | Other hazardous situation ( <i>Explain in narrative</i> )                         |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 18                   | Improper ventilation   | 98                                 | No hazardous situations   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 19                   | Excessive wax on floors  |                                    |   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 20                   | Hazardous conditions of customer's premises  |                                    |   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 21                   | Slippery or uneven surface   |                                    |   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 22                   | Unrestrained animals   |                                    |   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 23                   | Overload equipment   |                                    |   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| Item 26:             | <p><b>Defective or Hazardous Equipment or Material Related to Accident</b> — Enter the code from the following list that best describes hazardous equipment or material that was related to the accident.</p> <table border="0"> <tr><td colspan="2"><b>Motor Vehicle</b></td><td colspan="2"><b>Industrial</b></td></tr> <tr><td>01</td><td>Defective accelerator</td><td>40</td><td>Short circuit in wiring</td></tr> <tr><td>02</td><td>Defective clutch</td><td>41</td><td>Defective or overloaded wire or switch</td></tr> <tr><td>03</td><td>Defective foot brakes</td><td>44</td><td>Defective premises of customers</td></tr> <tr><td>04</td><td>Defective hand brakes</td><td>50</td><td>Sharp edges on equipment and furniture</td></tr> <tr><td>05</td><td>Defective horn</td><td>51</td><td>Defective ring knife</td></tr> <tr><td>06</td><td>Defective springs or suspension system</td><td>52</td><td>Ragged or rusty mail boxes</td></tr> <tr><td>07</td><td>Defective or dirty windshield</td><td>53</td><td>Defective cord on sacks</td></tr> <tr><td>08</td><td>Defective windshield wipers</td><td>54</td><td>Defective postal stairs/steps</td></tr> <tr><td>09</td><td>Defective or poorly adjusted mirrors</td><td>55</td><td>Defective customer stairs/steps or porches</td></tr> <tr><td>10</td><td>Defective steering system</td><td>56</td><td>Structural failure</td></tr> <tr><td>11</td><td>Defective exhaust system</td><td>57</td><td>Rough, slippery or broken walking surfaces</td></tr> <tr><td>12</td><td>Defective seat</td><td>58</td><td>Loose material on surface</td></tr> <tr><td>13</td><td>Defective safety belts</td><td>60</td><td>Malfunction of door safety interlocks</td></tr> <tr><td>15</td><td>Defective headlights</td><td>61</td><td>Malfunction of emergency pull cords or stop buttons</td></tr> <tr><td>16</td><td>Defective directional signals</td><td>63</td><td>Malfunction of other safety equipment</td></tr> <tr><td>17</td><td>Defective stop (<i>brake</i>) lights</td><td>64</td><td>Defective latches—mail containers receptacles</td></tr> <tr><td>18</td><td>Defective wheels</td><td></td><td></td></tr> <tr><td>20</td><td>Smooth or worn tires</td><td></td><td></td></tr> <tr><td>21</td><td>Under/over inflated tires</td><td></td><td></td></tr> <tr><td>22</td><td>Motor failure</td><td colspan="2"><b>Industrial Powered Vehicles</b></td></tr> <tr><td>23</td><td>Poor stability (<i>vehicle</i>)</td><td>65</td><td>Defective shift selector</td></tr> <tr><td>24</td><td>Restricted vision (<i>part of vehicle design</i>)</td><td>66</td><td>Defective brakes</td></tr> <tr><td>26</td><td>Defective wiring</td><td colspan="2"><b>Other</b></td></tr> <tr><td>27</td><td>Defective shift selector</td><td>97</td><td>Other defects (<i>Explain in narrative</i>)</td></tr> <tr><td></td><td></td><td>98</td><td>No defects or hazardous equipment or material</td></tr> </table> | <b>Motor Vehicle</b>               |   | <b>Industrial</b> |                     | 01 | Defective accelerator     | 40 | Short circuit in wiring    | 02 | Defective clutch                 | 41 | Defective or overloaded wire or switch | 03 | Defective foot brakes | 44 | Defective premises of customers  | 04 | Defective hand brakes                                    | 50 | Sharp edges on equipment and furniture | 05 | Defective horn                  | 51 | Defective ring knife                | 06 | Defective springs or suspension system | 52 | Ragged or rusty mail boxes | 07 | Defective or dirty windshield           | 53 | Defective cord on sacks | 08 | Defective windshield wipers                           | 54 | Defective postal stairs/steps          | 09 | Defective or poorly adjusted mirrors           | 55 | Defective customer stairs/steps or porches | 10 | Defective steering system         | 56 | Structural failure   | 11 | Defective exhaust system   | 57 | Rough, slippery or broken walking surfaces  | 12 | Defective seat  | 58 | Loose material on surface                                       | 13 | Defective safety belts | 60 | Malfunction of door safety interlocks                 | 15 | Defective headlights          | 61 | Malfunction of emergency pull cords or stop buttons                     | 16 | Defective directional signals         | 63 | Malfunction of other safety equipment                       | 17 | Defective stop ( <i>brake</i> ) lights | 64 | Defective latches—mail containers receptacles             | 18 | Defective wheels     |    |                         | 20 | Smooth or worn tires    |  |  | 21 | Under/over inflated tires                   |  |  | 22 | Motor failure              | <b>Industrial Powered Vehicles</b> |  | 23 | Poor stability ( <i>vehicle</i> ) | 65 | Defective shift selector | 24 | Restricted vision ( <i>part of vehicle design</i> ) | 66 | Defective brakes | 26 | Defective wiring | <b>Other</b> |  | 27 | Defective shift selector | 97 | Other defects ( <i>Explain in narrative</i> ) |  |  | 98 | No defects or hazardous equipment or material |
| <b>Motor Vehicle</b> |  | <b>Industrial</b>                  |   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 01                   | Defective accelerator  | 40                                 | Short circuit in wiring   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 02                   | Defective clutch   | 41                                 | Defective or overloaded wire or switch  |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 03                   | Defective foot brakes  | 44                                 | Defective premises of customers   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 04                   | Defective hand brakes  | 50                                 | Sharp edges on equipment and furniture  |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 05                   | Defective horn   | 51                                 | Defective ring knife  |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 06                   | Defective springs or suspension system   | 52                                 | Ragged or rusty mail boxes  |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 07                   | Defective or dirty windshield  | 53                                 | Defective cord on sacks   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 08                   | Defective windshield wipers  | 54                                 | Defective postal stairs/steps   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 09                   | Defective or poorly adjusted mirrors   | 55                                 | Defective customer stairs/steps or porches  |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 10                   | Defective steering system  | 56                                 | Structural failure  |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 11                   | Defective exhaust system   | 57                                 | Rough, slippery or broken walking surfaces  |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 12                   | Defective seat   | 58                                 | Loose material on surface   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 13                   | Defective safety belts   | 60                                 | Malfunction of door safety interlocks   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 15                   | Defective headlights   | 61                                 | Malfunction of emergency pull cords or stop buttons                               |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 16                   | Defective directional signals  | 63                                 | Malfunction of other safety equipment   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 17                   | Defective stop ( <i>brake</i> ) lights   | 64                                 | Defective latches—mail containers receptacles                                     |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 18                   | Defective wheels   |                                    |   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 20                   | Smooth or worn tires   |                                    |   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 21                   | Under/over inflated tires  |                                    |   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 22                   | Motor failure  | <b>Industrial Powered Vehicles</b> |   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 23                   | Poor stability ( <i>vehicle</i> )  | 65                                 | Defective shift selector  |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 24                   | Restricted vision ( <i>part of vehicle design</i> )  | 66                                 | Defective brakes  |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 26                   | Defective wiring   | <b>Other</b>                       |   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| 27                   | Defective shift selector   | 97                                 | Other defects ( <i>Explain in narrative</i> )                                     |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
|                      |  | 98                                 | No defects or hazardous equipment or material                                     |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| Item 27:             | <b>Total Number of Vehicles</b> — Enter the total number of vehicles involved in the accident.   |                                    |   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |
| Item 28:             | <b>Reserved.</b>   |                                    |   |                   |                     |    |                           |    |                            |    |                                  |    |  |    |                       |    |                                  |    |  |    |  |    |                                 |    |                                     |    |  |    |                            |    |   |    |                         |    |   |    |  |    |  |    |  |    |                                   |    |  |    |                            |    |   |    |   |    |   |    |                        |    |   |    |                               |    |   |    |                                       |    |   |    |  |    |   |    |                      |    |                         |    |                         |  |  |    |   |  |  |    |                            |                                    |  |    |                                   |    |                          |    |   |    |                  |    |                  |              |  |    |                          |    |   |  |  |    |   |



# HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 1769 (continued)

|                                   |   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
|-----------------------------------|---|--------------------------------|------------------------------------|---------------------|-----------------------------------|-----------------------------------|--|-----------------------------------|------------------------------|-----------------------|------------------------------|--------------|-------------------------------|---------------------|-------------------------|--------------------|-------------------|------------------------|------------------|-----------------------|---------------------------------|---------------------------|---|--------------------------|--|
| Item 29:                          | <p><b>Vehicle Type</b> — For postal-owned vehicles enter the make/model code number from the most recent Fleet Management Bulletin. Be sure to use all 4 digits.</p> <p>If the accident involved <b>non-postal vehicles</b>, enter a code from the following list.</p> <table border="0"> <tr> <td>0091 Contract</td> <td>0095 GSA</td> </tr> <tr> <td>0092 Leased</td> <td>0096 Private—rural carriers (RHD)</td> </tr> <tr> <td>0093 Private—drive out agreements</td> <td>0098 Other vehicles used on official Postal operations</td> </tr> <tr> <td>0094 Private—rural carriers (LHD)</td> <td>0099 All others—non postal</td> </tr> </table>   | 0091 Contract                  | 0095 GSA                           | 0092 Leased         | 0096 Private—rural carriers (RHD) | 0093 Private—drive out agreements | 0098 Other vehicles used on official Postal operations | 0094 Private—rural carriers (LHD) | 0099 All others—non postal   |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 0091 Contract                     | 0095 GSA  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 0092 Leased                       | 0096 Private—rural carriers (RHD)   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 0093 Private—drive out agreements | 0098 Other vehicles used on official Postal operations  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 0094 Private—rural carriers (LHD) | 0099 All others—non postal  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| Item 30:                          | <p><b>Vehicle Path</b> — Enter the code from the following list that best describes the movement of the vehicle immediately preceding the accident.</p> <table border="0"> <tr> <td>01 Straight ahead</td> <td>12 Jackknifing</td> </tr> <tr> <td>02 Left turn</td> <td>13 Running off road</td> </tr> <tr> <td>03 Right turn</td> <td>14 Pulling to curb/mailbox</td> </tr> <tr> <td>04 U-turn right</td> <td>15 Pulling from curb/mailbox</td> </tr> <tr> <td>05 U-turn left</td> <td>16 Unattended vehicle moving</td> </tr> <tr> <td>06 Passing</td> <td>17 Unattended vehicle stopped</td> </tr> <tr> <td>07 Being passed</td> <td>18 Legally parked</td> </tr> <tr> <td>08 Backing</td> <td>19 Entering curve</td> </tr> <tr> <td>09 Slowing</td> <td>20 Changing lane</td> </tr> <tr> <td>10 Stopped</td> <td>47 Other (Explain in narrative)</td> </tr> <tr> <td>11 Skidding</td> <td>49 Not applicable</td> </tr> </table>   | 01 Straight ahead              | 12 Jackknifing                     | 02 Left turn        | 13 Running off road               | 03 Right turn                     | 14 Pulling to curb/mailbox                             | 04 U-turn right                   | 15 Pulling from curb/mailbox | 05 U-turn left        | 16 Unattended vehicle moving | 06 Passing   | 17 Unattended vehicle stopped | 07 Being passed     | 18 Legally parked       | 08 Backing         | 19 Entering curve | 09 Slowing             | 20 Changing lane | 10 Stopped            | 47 Other (Explain in narrative) | 11 Skidding               | 49 Not applicable   |                          |  |
| 01 Straight ahead                 | 12 Jackknifing  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 02 Left turn                      | 13 Running off road   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 03 Right turn                     | 14 Pulling to curb/mailbox  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 04 U-turn right                   | 15 Pulling from curb/mailbox  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 05 U-turn left                    | 16 Unattended vehicle moving  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 06 Passing                        | 17 Unattended vehicle stopped   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 07 Being passed                   | 18 Legally parked   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 08 Backing                        | 19 Entering curve   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 09 Slowing                        | 20 Changing lane  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 10 Stopped                        | 47 Other (Explain in narrative)   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 11 Skidding                       | 49 Not applicable   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| Items 31-33:                      | <b>Self-explanatory.</b>  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| Item 34:                          | <p><b>Initial Area of Impact</b></p> <p>Passenger Cars, Jeeps, LLVs, Trucks (Excluding 5 &amp; 7-Ton Trucks &amp; Tractor Trailers)</p> <table border="0"> <tr> <td>01 Front end</td> <td>06 Right rear side</td> </tr> <tr> <td>02 Right front side</td> <td>07 Left rear side</td> </tr> <tr> <td>03 Left front side</td> <td>08 Rear end</td> </tr> <tr> <td>04 Right occupant side</td> <td>09 Top structure</td> </tr> <tr> <td>05 Left occupant side</td> <td>10 Under carriage</td> </tr> </table> <p>5-Ton or Larger Trucks and Tractor Trailers ONLY</p> <table border="0"> <tr> <td>11 Front end</td> <td>18 Right rear cargo side</td> </tr> <tr> <td>12 Right front side</td> <td>19 Left rear cargo side</td> </tr> <tr> <td>13 Left front side</td> <td>20 Rear end</td> </tr> <tr> <td>14 Right occupant side</td> <td>21 Top structure</td> </tr> <tr> <td>15 Left occupant side</td> <td>22 Under carriage</td> </tr> <tr> <td>16 Right front cargo side</td> <td>97 Other, regardless of vehicle size (Explain in narrative)</td> </tr> <tr> <td>17 Left front cargo side</td> <td></td> </tr> </table> | 01 Front end                   | 06 Right rear side                 | 02 Right front side | 07 Left rear side                 | 03 Left front side                | 08 Rear end  | 04 Right occupant side            | 09 Top structure             | 05 Left occupant side | 10 Under carriage            | 11 Front end | 18 Right rear cargo side      | 12 Right front side | 19 Left rear cargo side | 13 Left front side | 20 Rear end       | 14 Right occupant side | 21 Top structure | 15 Left occupant side | 22 Under carriage               | 16 Right front cargo side | 97 Other, regardless of vehicle size (Explain in narrative) | 17 Left front cargo side |  |
| 01 Front end                      | 06 Right rear side  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 02 Right front side               | 07 Left rear side   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 03 Left front side                | 08 Rear end   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 04 Right occupant side            | 09 Top structure  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 05 Left occupant side             | 10 Under carriage   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 11 Front end                      | 18 Right rear cargo side  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 12 Right front side               | 19 Left rear cargo side   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 13 Left front side                | 20 Rear end   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 14 Right occupant side            | 21 Top structure  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 15 Left occupant side             | 22 Under carriage   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 16 Right front cargo side         | 97 Other, regardless of vehicle size (Explain in narrative)   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 17 Left front cargo side          |   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| Items 35 & 36:                    | <b>Reserved.</b>  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| Item 37:                          | <b>Total No. of Accident Reports</b> — One form must be submitted for each person injured. See "Multiple Person Accidents", p. 1 of Instructions.   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| Item 38:                          | <b>Person Identification No.</b> — If only one person was injured in the accident enter "1". For each additional injured person, complete an additional 1769, numbering each consecutively in this space. See "Multiple Person Accidents", p. 1 of Instructions.  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| Item 39:                          | <b>Self-explanatory.</b>  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| Item 40:                          | <b>Name</b> — Name of person involved in accident.  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| Item 41:                          | <b>Age</b> — If the actual age of a non-postal person is unknown, enter an estimated age.   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| Item 42:                          | <b>Self-explanatory.</b>  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| Item 43:                          | <p><b>Designation and Activity</b> — Enter the 3-digit DES/ACT code for the employee in the space provided. For non-postal, enter one of the codes below:</p> <table border="0"> <tr> <td>001 Customer or general public</td> <td>002 Non-postal Government employee</td> </tr> </table>  | 001 Customer or general public | 002 Non-postal Government employee |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| 001 Customer or general public    | 002 Non-postal Government employee  |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |
| Item 44:                          | <p><b>Injury/Illness Severity</b> — Enter the code from the following list that best describes the type of injury, if any, experienced by the person identified in item 40 of this form.</p> <p>Postal Employees</p> <ol style="list-style-type: none"> <li><b>Fatality:</b> A fatality is any work-related injury or illness which results in death, regardless of the time between the injury and death, or length of illness. If death occurs after submission of an Accident Report you must change the severity code in the HRIS.</li> <li><b>Lost-Workday Case:</b> A lost-workday case results from a work-related injury or illness severe enough to render an employee unable to perform any duties on any workday or workdays, consecutive or not, after the day of injury or diagnosis of illness during which the employee would have worked but could not because of the injury or illness.</li> </ol>   |                                |                                    |                     |                                   |                                   |  |                                   |                              |                       |                              |              |                               |                     |                         |                    |                   |                        |                  |                       |                                 |                           |   |                          |  |

**HBK EL-505, INJURY COMPENSATION, DECEMBER 1995**  
FORMS

Form 1769 (continued)

Item 44—Continued

3. **Lost-Time-Limited-Duty Case:** A lost-time-limited-duty case is any work-related injury or illness severe enough to cause an employee to be unable to work the number of daily or weekly hours that the employee would normally work on any day after the day of injury or diagnosis of illness. For example: a full-time employee who works less than 8 hours a day, or less than 40 hours a week; or part-time employee who normally averages 30 hours a week, but can only work 15 hours a week because of the injury or illness.

4. **No-Lost-Workday-Case:** A no-lost-workday-case is any work-related injury or illness which requires medical treatment and which does not result in a fatality, lost workday, limited duty, first aid, termination, or permanent reassignment case.

5. **A No-Lost-Time-Limited-Duty Case:** A no-lost-time-limited-duty case is any work-related injury or illness which results in a limited duty assignment and does not reduce the number of hours the employee would normally work. For example: an employee assigned to other duties in the same craft, another craft, or other installation without any reduction of hours normally worked, on any day after the date of injury or diagnosis of illness.

6. **A First Aid Case:** A first aid case is normally any work-related minor injury that requires no more than two medical visits, the second of which is to confirm full recovery. Form 1769 must be completed for all first aid injury cases, both reportable and nonreportable. All first aid cases must be logged and coded "6" in Item 44. First aid care not exceeding two visits provided by the **postal medical officer or contract physician** is recorded as *nonreportable* in the HRIS. First aid care provided by the employee's private physician or emergency room or other treating facilities, for which medical payment will be made through OWCP, must be logged and recorded as a *reportable* case in HRIS and coded "6" in Item 44.

All motor vehicle accidents resulting in property damage or personal injury, including first aid, are reportable.

**Cases resulting in a medical disposition of disability and/or limited duty assignment, regardless of the number of medical visits, are *not* to be recorded as first aid cases.** For reporting purposes, when employees sustain an injury but decline treatment, the case is to be logged and recorded in the HRIS as a nonreportable first aid case. Examples of first aid treatment are:

- A. Application of antiseptic on the first visit to a doctor or nurse. It does not matter whether the doctor or nurse is located at a postal medical unit, private physician's office, public or private clinic, or a hospital.
- B. Bandaging.
- C. Treatment for first-degree burns.
- D. Application of compress, hot or cold.
- E. Use of an elastic bandage.
- F. Irrigation of the eye to remove foreign bodies not embedded.
- G. Removal of foreign bodies from a wound by tweezers or other simple techniques.
- H. Administration of non-prescription medications.
- I. Observation of injury.
- J. Applications of ointments to abrasions to prevent drying or cracking.
- K. Tetanus shots, initial or boosters alone.
- L. X-ray, if negative.

**NOTE:** Do not consider any injury involving loss of consciousness, restriction of work or motion, or reassignment to another job as a first aid case.

7. Termination or permanent reassignment involving a lost workday case.

8. Termination or permanent reassignment involving a lost time-limited duty case.

9. Termination or permanent reassignment not involving a lost workday or lost time-limited duty case.

0. No injury

**Non-Postal People**

x. Non-postal fatality

y. Non-postal injury

z. No injury

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FORMS

Form 1769 (continued)

|                 |  |  |
|-----------------|--|--|
| <p>Item 45:</p> | <p><b>Nature of Most Severe Injury or Illness</b> — Select the code from the following list that best describes the nature of the injury or illness.</p>   |  |
|                 | <p><b>Injury Codes:</b></p> <p>00 No injury<br/>         01 Amputation<br/>         02 Removal of eye<br/>         03 Asphyxia/suffocation<br/>         05 Drowning<br/>         06 Bites (<i>animals or insects</i>)<br/>         07 Burns (<i>hot substances</i>)<br/>         08 Burns (<i>chemicals, acids, etc.</i>)<br/>         09 Burns (<i>radiation, sunburn, etc.</i>)<br/>         10 Concussion (<i>or any head blow causing unconsciousness</i>)<br/>         11 Contusion (<i>bruise, crushing—skin intact</i>)<br/>         12 Cuts (<i>open wounds—greater than scratches</i>)<br/>         13 Abrasion/scratch(es)<br/>         14 Dislocation<br/>         15 Electric shock<br/>         16 Fractures or breaks<br/>         18 Gunshot wounds<br/>         20 Heart attack<br/>         21 Ruptured disc<br/>         22 Hernia-rupture<br/>         23 Strain<br/>         24 Sprain<br/>         39 Other injury (<i>Explain in narrative</i>)<br/>         40 Foreign objects in eyel(s)</p> | <p><b>Occupational Illness Codes:</b> An occupational illness of an employee is any abnormal condition or disorder caused by exposure to environmental factors associated with the employment over a period longer than a single workday or shift.</p> <p>60 <b>Occupational Stress</b><br/>         61 <b>Occupational Skin Diseases or Disorders.</b> Examples: Contact dermatitis, eczema, or rash caused by primary irritants, and sensitizers or poisonous plants; oil acne; chrome ulcers; chemical burns or inflammations; etc.<br/>         62 <b>Dust Diseases of the Lungs (<i>Pneumoconioses</i>).</b> Examples: Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis, and other pneumoconioses.<br/>         63 <b>Respiratory Conditions Due to Toxic Agents.</b> Examples: Pneumonitis, pharyngitis, rhinitis or acute congestion due to chemicals, dusts, gases, or fumes; farmer's lung; etc.<br/>         64 <b>Poisoning. (<i>Systematic Effects of Toxic Materials</i>).</b> Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals, poisoning by carbon monoxide, hydrogen sulfide or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics and resins, etc.<br/>         65 <b>Disorders Due to Physical Agents. (<i>Other Than Toxic Materials</i>).</b> Example: Heatstroke, sunstroke, heat exhaustion and other effects of environmental heat; freezing, frostbite and effects of exposure to low temperatures; caisson disease; effects of ionizing radiation (<i>isotopes, X-rays, radium</i>); effects of nonionizing radiation (<i>welding, flash, ultraviolet rays, microwaves, sunburn</i>). etc.<br/> <b>Disorders Due to Repeated Trauma.</b> Examples: Synovitis, bursitis, Raynaud's phenomena and other conditions due to repeated motion, vibration or pressure.<br/>         66 <b>Tenosynovitis</b><br/>         67 <b>Tendonitis</b><br/>         68 <b>Carpal Tunnel Syndrome</b><br/>         69 <b>Hearing Loss</b><br/>         70 <b>Epicondylitis</b><br/>         71 <b>De Quervains</b><br/>         72 <b>Hand-Arm Vibration Syndrome</b><br/>         98 <b>Other Disorders Due to Repeated Trauma</b><br/>         99 <b>All Other Occupational Illnesses.</b> Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, occidiodomycosis, etc.</p> |
| <p>Item 46:</p> | <p><b>Part of Body Affected</b> — Select the code from the following list that best describes the body part which was affected by the most severe injury.</p>  |  |
|                 | <p>00 Not applicable</p> <p><b>Head and Neck</b></p> <p>01 Ear(s)<br/>         02 Eye(s)<br/>         03 Face<br/>         04 Skull, scalp<br/>         05 Nose<br/>         06 Tooth/Teeth/Mouth<br/>         09 Multiple head injuries (<i>combination from 01-06</i>)<br/>         16 Neck</p>  | <p><b>Upper Extremities—Arm</b></p> <p>20 Upper arm<br/>         21 Elbow<br/>         22 Lower arm<br/>         23 Multiple arm injuries (<i>combination from 20-22</i>)<br/>         24 Wrist<br/>         25 Hand(s)<br/>         26 Finger(s)<br/>         29 Multiple injuries (<i>combination from 01-26</i>)</p>  |

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FORMS

Form 1769 (continued)

|  |   |  |  |   |
|--|---|--|--|---|
| Item 46—Continued:   | <p><b>Trunk</b></p> <p><b>31</b> Abdomen <i>(include internal organs)</i></p> <p><b>32</b> Back</p> <p><b>33</b> Chest <i>(include ribs, breast bone, and internal organs)</i></p> <p><b>34</b> Hips <i>(include pelvic organs and buttocks)</i></p> <p><b>35</b> Shoulder</p> <p><b>39</b> Multiple trunk <i>(combination from 31-35)</i></p> <p><b>Lower Extremities—Leg</b></p> <p><b>40</b> Thigh</p> <p><b>41</b> Knee</p> <p><b>42</b> Lower leg <i>(above ankle)</i></p> <p><b>43</b> Ankle</p> <p><b>44</b> Foot <i>(not ankle or toes)</i></p> <p><b>45</b> Toe(s)</p> <p><b>49</b> Multiple lower extremities <i>(combination from 40-45)</i></p>   | <p><b>Other Body Parts</b></p> <p><b>50</b> Multiple parts <i>(more than one major area above)</i></p> <p><b>60</b> Circulatory system <i>(heart, arteries, veins, etc.)</i></p> <p><b>70</b> Respiratory system <i>(lungs, etc.)</i></p> <p><b>80</b> Nervous system/psychological</p> <p><b>99</b> Insufficient information to identify part</p> |  |   |
| Item 47:   | <p><b>Unsafe Personal Factors</b> — If any of the following situations contributed to the accident, enter the corresponding code. If more than one apply, enter the one most responsible for the accident.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>01</b> Didn't see <i>(Explain in narrative)</i></p> <p><b>02</b> Didn't hear <i>(Explain in narrative)</i></p> <p><b>03</b> Failure to comply with rules</p> <p><b>05</b> Operating without authority</p> <p><b>06</b> Using alcoholic beverage</p> <p><b>07</b> Inadequate help for heavy lifting</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>09</b> Wilful disregard of instructions</p> <p><b>10</b> Using drugs <i>(LSD, heroin, etc.)</i></p> <p><b>11</b> Horseplay</p> <p><b>12</b> Fatigue</p> <p><b>39</b> Other unsafe personal factor <i>(Explain in narrative)</i></p> <p><b>48</b> No unsafe personal factor</p> <p><b>49</b> Not applicable</p> </td> </tr> </table>  |  | <p><b>01</b> Didn't see <i>(Explain in narrative)</i></p> <p><b>02</b> Didn't hear <i>(Explain in narrative)</i></p> <p><b>03</b> Failure to comply with rules</p> <p><b>05</b> Operating without authority</p> <p><b>06</b> Using alcoholic beverage</p> <p><b>07</b> Inadequate help for heavy lifting</p>   | <p><b>09</b> Wilful disregard of instructions</p> <p><b>10</b> Using drugs <i>(LSD, heroin, etc.)</i></p> <p><b>11</b> Horseplay</p> <p><b>12</b> Fatigue</p> <p><b>39</b> Other unsafe personal factor <i>(Explain in narrative)</i></p> <p><b>48</b> No unsafe personal factor</p> <p><b>49</b> Not applicable</p>  |
| <p><b>01</b> Didn't see <i>(Explain in narrative)</i></p> <p><b>02</b> Didn't hear <i>(Explain in narrative)</i></p> <p><b>03</b> Failure to comply with rules</p> <p><b>05</b> Operating without authority</p> <p><b>06</b> Using alcoholic beverage</p> <p><b>07</b> Inadequate help for heavy lifting</p>   | <p><b>09</b> Wilful disregard of instructions</p> <p><b>10</b> Using drugs <i>(LSD, heroin, etc.)</i></p> <p><b>11</b> Horseplay</p> <p><b>12</b> Fatigue</p> <p><b>39</b> Other unsafe personal factor <i>(Explain in narrative)</i></p> <p><b>48</b> No unsafe personal factor</p> <p><b>49</b> Not applicable</p>  |  |  |   |
| Item 48:   | <p><b>Unsafe Practice</b> — Enter the code that best describes the unsafe practice that was most responsible for the accident and/or injury.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Industrial</b></p> <p><b>01</b> Removing safety devices</p> <p><b>02</b> Adjusting or cleaning moving equipment</p> <p><b>03</b> Haste</p> <p><b>04</b> Removing jam or clearing equipment <i>(without shutting off power)</i></p> <p><b>05</b> Using defective equipment</p> <p><b>06</b> Not using protective equipment</p> <p><b>07</b> Overloading</p> <p><b>08</b> Unsafe carrying, placing, loading</p> <p><b>09</b> Throwing material <i>(instead of carrying or passing)</i></p> <p><b>10</b> Inattention or distraction <i>(not caused by verifying or fingering mail)</i></p> <p><b>11</b> Inattention or distraction caused by fingering mail</p> <p><b>12</b> Taking shortcuts</p> <p><b>13</b> Pulling instead of pushing rolling equipment</p> <p><b>14</b> Failure to correct known hazard</p> <p><b>15</b> Failure to follow lockout procedures</p> <p><b>Motor Vehicle</b></p> <p><b>20</b> Jumping from moving vehicle</p> <p><b>21</b> Stopping vehicle with parking brake instead of foot brake</p> <p><b>22</b> Driving too fast for conditions</p> <p><b>23</b> Driving in wrong lane</p> <p><b>24</b> Passing in unsafe area</p> <p><b>25</b> Running changing traffic light</p> <p><b>26</b> Following too closely</p> <p><b>27</b> Operating without eye glasses when required</p> <p><b>28</b> Exceeding speed limit</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Failure To</b></p> <p><b>30</b> Seat passenger</p> <p><b>31</b> Use safety belts</p> <p><b>32</b> Check or adjust mirrors</p> <p><b>33</b> Give proper signal</p> <p><b>34</b> Check clearance</p> <p><b>35</b> Yield right-of-way</p> <p><b>36</b> Close vehicle door</p> <p><b>37</b> Observe traffic sign or signals</p> <p><b>38</b> Set handbrake</p> <p><b>39</b> Keep both hands on wheel</p> <p><b>Industrial and Motor Vehicle</b></p> <p><b>Improper</b></p> <p><b>40</b> Placing of mail <i>(on seat, tray, etc.)</i></p> <p><b>41</b> Securing of load</p> <p><b>42</b> Starting and stopping</p> <p><b>43</b> Backing</p> <p><b>44</b> Parking</p> <p><b>45</b> Turns</p> <p><b>46</b> Lane changes</p> <p><b>47</b> Use of equipment or materials</p> <p><b>48</b> Verifying or fingering mail <i>(while walking up or down stairs or curbs, driving, or when crossing street)</i></p> <p><b>49</b> Lifting</p> <p><b>50</b> Use of rest bars</p> <p><b>87</b> Other unsafe practices <i>(Explain in narrative)</i></p> <p><b>88</b> No unsafe practice</p> </td> </tr> </table> |  | <p><b>Industrial</b></p> <p><b>01</b> Removing safety devices</p> <p><b>02</b> Adjusting or cleaning moving equipment</p> <p><b>03</b> Haste</p> <p><b>04</b> Removing jam or clearing equipment <i>(without shutting off power)</i></p> <p><b>05</b> Using defective equipment</p> <p><b>06</b> Not using protective equipment</p> <p><b>07</b> Overloading</p> <p><b>08</b> Unsafe carrying, placing, loading</p> <p><b>09</b> Throwing material <i>(instead of carrying or passing)</i></p> <p><b>10</b> Inattention or distraction <i>(not caused by verifying or fingering mail)</i></p> <p><b>11</b> Inattention or distraction caused by fingering mail</p> <p><b>12</b> Taking shortcuts</p> <p><b>13</b> Pulling instead of pushing rolling equipment</p> <p><b>14</b> Failure to correct known hazard</p> <p><b>15</b> Failure to follow lockout procedures</p> <p><b>Motor Vehicle</b></p> <p><b>20</b> Jumping from moving vehicle</p> <p><b>21</b> Stopping vehicle with parking brake instead of foot brake</p> <p><b>22</b> Driving too fast for conditions</p> <p><b>23</b> Driving in wrong lane</p> <p><b>24</b> Passing in unsafe area</p> <p><b>25</b> Running changing traffic light</p> <p><b>26</b> Following too closely</p> <p><b>27</b> Operating without eye glasses when required</p> <p><b>28</b> Exceeding speed limit</p> | <p><b>Failure To</b></p> <p><b>30</b> Seat passenger</p> <p><b>31</b> Use safety belts</p> <p><b>32</b> Check or adjust mirrors</p> <p><b>33</b> Give proper signal</p> <p><b>34</b> Check clearance</p> <p><b>35</b> Yield right-of-way</p> <p><b>36</b> Close vehicle door</p> <p><b>37</b> Observe traffic sign or signals</p> <p><b>38</b> Set handbrake</p> <p><b>39</b> Keep both hands on wheel</p> <p><b>Industrial and Motor Vehicle</b></p> <p><b>Improper</b></p> <p><b>40</b> Placing of mail <i>(on seat, tray, etc.)</i></p> <p><b>41</b> Securing of load</p> <p><b>42</b> Starting and stopping</p> <p><b>43</b> Backing</p> <p><b>44</b> Parking</p> <p><b>45</b> Turns</p> <p><b>46</b> Lane changes</p> <p><b>47</b> Use of equipment or materials</p> <p><b>48</b> Verifying or fingering mail <i>(while walking up or down stairs or curbs, driving, or when crossing street)</i></p> <p><b>49</b> Lifting</p> <p><b>50</b> Use of rest bars</p> <p><b>87</b> Other unsafe practices <i>(Explain in narrative)</i></p> <p><b>88</b> No unsafe practice</p> |
| <p><b>Industrial</b></p> <p><b>01</b> Removing safety devices</p> <p><b>02</b> Adjusting or cleaning moving equipment</p> <p><b>03</b> Haste</p> <p><b>04</b> Removing jam or clearing equipment <i>(without shutting off power)</i></p> <p><b>05</b> Using defective equipment</p> <p><b>06</b> Not using protective equipment</p> <p><b>07</b> Overloading</p> <p><b>08</b> Unsafe carrying, placing, loading</p> <p><b>09</b> Throwing material <i>(instead of carrying or passing)</i></p> <p><b>10</b> Inattention or distraction <i>(not caused by verifying or fingering mail)</i></p> <p><b>11</b> Inattention or distraction caused by fingering mail</p> <p><b>12</b> Taking shortcuts</p> <p><b>13</b> Pulling instead of pushing rolling equipment</p> <p><b>14</b> Failure to correct known hazard</p> <p><b>15</b> Failure to follow lockout procedures</p> <p><b>Motor Vehicle</b></p> <p><b>20</b> Jumping from moving vehicle</p> <p><b>21</b> Stopping vehicle with parking brake instead of foot brake</p> <p><b>22</b> Driving too fast for conditions</p> <p><b>23</b> Driving in wrong lane</p> <p><b>24</b> Passing in unsafe area</p> <p><b>25</b> Running changing traffic light</p> <p><b>26</b> Following too closely</p> <p><b>27</b> Operating without eye glasses when required</p> <p><b>28</b> Exceeding speed limit</p> | <p><b>Failure To</b></p> <p><b>30</b> Seat passenger</p> <p><b>31</b> Use safety belts</p> <p><b>32</b> Check or adjust mirrors</p> <p><b>33</b> Give proper signal</p> <p><b>34</b> Check clearance</p> <p><b>35</b> Yield right-of-way</p> <p><b>36</b> Close vehicle door</p> <p><b>37</b> Observe traffic sign or signals</p> <p><b>38</b> Set handbrake</p> <p><b>39</b> Keep both hands on wheel</p> <p><b>Industrial and Motor Vehicle</b></p> <p><b>Improper</b></p> <p><b>40</b> Placing of mail <i>(on seat, tray, etc.)</i></p> <p><b>41</b> Securing of load</p> <p><b>42</b> Starting and stopping</p> <p><b>43</b> Backing</p> <p><b>44</b> Parking</p> <p><b>45</b> Turns</p> <p><b>46</b> Lane changes</p> <p><b>47</b> Use of equipment or materials</p> <p><b>48</b> Verifying or fingering mail <i>(while walking up or down stairs or curbs, driving, or when crossing street)</i></p> <p><b>49</b> Lifting</p> <p><b>50</b> Use of rest bars</p> <p><b>87</b> Other unsafe practices <i>(Explain in narrative)</i></p> <p><b>88</b> No unsafe practice</p>   |  |  |   |

**HBK EL-505, INJURY COMPENSATION, DECEMBER 1995**  
FORMS

Form 1769 (continued)

|  |   |    |   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
|--|---|----|---|----|---|----|---|----|--|----|--|----|------------------------------|----|--|----|---|----|---|----|--|----|----------------------|----|---|--|--|----|--|--|--|----|------------------------------------|--|--|----|-----------------|
| Item 49:   | <b>Social Security Number</b> — Enter the employee's social security number. For non-postal persons enter all 9's.  |    |   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
| Item 50:   | <b>Was Employee on Overtime Status?</b> — Check one.  |    |   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
| Item 51:   | <b>Postal Service</b> — Round off length of years in the Postal Service to the nearest whole month and enter this number. For example: enter 1 year 6 months and 10 days as 01/06.  |    |   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
| Item 52:   | <b>Hours of Safety Training</b> — Enter hours of safety training employee received within the last five years as recorded on PS Form 2548 — or other available records.   |    |   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
| Item 53:   | <b>Self-explanatory.</b>  |    |   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
| Item 54:   | <b>Pay Location</b> — Enter the pay location of the employee at the time of the accident. If not applicable enter "000".  |    |   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
| Item 55:   | <b>LDC/FON Code</b> — Enter the LDC Code of the employee <b>at the time of the accident</b> . If not applicable enter "00". ( <i>If you do not know the LDC Code, consult your timekeeper.</i> )<br><b>NOTE:</b> You must enter a LDC Code (or "00"). If you do not, this 1769 will be returned. At a future date, instructions will be provided concerning the replacement of the LDC Code with the 4-digit FON Code.  |    |   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
| Items 56-59:   | <b>Self-explanatory.</b>  |    |   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
| Item 60:   | <b>Is A JSA (PS Form 1783, On-the-Job Safety Review/Analysis) On File?</b> — Indicate whether an analysis is on file for the job task being performed at the time of accident or injury.  |    |   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
| Item 61:   | <b>Preventive Action Code</b> — Enter the code from the following list that best describes the action you will take to most effectively eliminate or reduce the accident cause(s) and prevent similar accidents.  |    |   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
|  | <table border="0"> <tr> <td>01</td> <td>Provide training/instruction to ensure that employee understands established job procedures and will recognize similar hazards or unsafe practices in the future.</td> <td>08</td> <td>Provide adequate hazard warning signs or notices.</td> </tr> <tr> <td>02</td> <td>Establish proper job procedures for task to be performed.</td> <td>09</td> <td>Initiate action to determine if employee meets physical requirements of the job. Formal discipline proposed.</td> </tr> <tr> <td>04</td> <td>Simplify established job procedures if complex or unclear.</td> <td>10</td> <td>Ensure adequate supervision.</td> </tr> <tr> <td>05</td> <td>Ensure that employee has skill or knowledge to perform task.</td> <td>12</td> <td>Initiate action to improve/repair equipment or layout design.</td> </tr> <tr> <td>06</td> <td>Motivate employee to properly perform task.</td> <td>13</td> <td>Initiate action to improve/correct equipment maintenance procedures or housekeeping.</td> </tr> <tr> <td>07</td> <td>Initiate work order.</td> <td>14</td> <td>Ensure availability of and/or provide proper protective equipment, materials, or tools.</td> </tr> <tr> <td></td> <td></td> <td>15</td> <td>Other (<i>Explain in narrative</i>).</td> </tr> <tr> <td></td> <td></td> <td>16</td> <td>Notify animal control authorities.</td> </tr> <tr> <td></td> <td></td> <td>99</td> <td>Not applicable.</td> </tr> </table> | 01 | Provide training/instruction to ensure that employee understands established job procedures and will recognize similar hazards or unsafe practices in the future. | 08 | Provide adequate hazard warning signs or notices. | 02 | Establish proper job procedures for task to be performed. | 09 | Initiate action to determine if employee meets physical requirements of the job. Formal discipline proposed. | 04 | Simplify established job procedures if complex or unclear. | 10 | Ensure adequate supervision. | 05 | Ensure that employee has skill or knowledge to perform task. | 12 | Initiate action to improve/repair equipment or layout design. | 06 | Motivate employee to properly perform task. | 13 | Initiate action to improve/correct equipment maintenance procedures or housekeeping. | 07 | Initiate work order. | 14 | Ensure availability of and/or provide proper protective equipment, materials, or tools. |  |  | 15 | Other ( <i>Explain in narrative</i> ). |  |  | 16 | Notify animal control authorities. |  |  | 99 | Not applicable. |
| 01   | Provide training/instruction to ensure that employee understands established job procedures and will recognize similar hazards or unsafe practices in the future.   | 08 | Provide adequate hazard warning signs or notices.   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
| 02   | Establish proper job procedures for task to be performed.   | 09 | Initiate action to determine if employee meets physical requirements of the job. Formal discipline proposed.  |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
| 04   | Simplify established job procedures if complex or unclear.  | 10 | Ensure adequate supervision.  |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
| 05   | Ensure that employee has skill or knowledge to perform task.  | 12 | Initiate action to improve/repair equipment or layout design.   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
| 06   | Motivate employee to properly perform task.   | 13 | Initiate action to improve/correct equipment maintenance procedures or housekeeping.  |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
| 07   | Initiate work order.  | 14 | Ensure availability of and/or provide proper protective equipment, materials, or tools.   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
|  |   | 15 | Other ( <i>Explain in narrative</i> ).  |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
|  |   | 16 | Notify animal control authorities.  |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
|  |   | 99 | Not applicable.   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
| <b>Instructions for Narrative</b>                              | <p><b>Complete the narrative first and provide the information listed below. This will make it easier to select the proper codes.</b></p> <p>Be specific and provide as much detail as possible when completing the narrative. Describe the specific task(s) which the employee was performing immediately prior to the accident, noting whether the task(s) was being properly performed. Indicate whether or not the employee was aware of a hazard and if so, describe exactly what the employee was doing at that time. Describe the employee's reaction to avoid the hazard, if any. Specifically describe the interaction between the employee and the hazard which caused the injury or property damage, and describe the resulting injury or property damage.</p>   |    |   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
| <b>Hospital/Physician Information</b>                          | If the accident resulted in an injury to the person named on this report, record the attending physician's name (if known), hospital and/or treating medical facility, address and phone number. Additionally, provide the date the employee received medical treatment and resulting diagnosis and work status.  |    |   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
| <b>Hazardous Conditions, and/or Equipment, Materials, Etc.</b> | If the contributing cause of the accident was due to hazardous conditions and/or equipment or material, include the manufacturer's name, make and model number (vehicle ID number, where appropriate) of the equipment/material involved in the accident.   |    |   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |
| <b>Vehicle Diagram</b>   | If the report involves a motor vehicle accident, diagram the accident on page 2 using the space provided. That is, show the direction of postal vehicle travel, point of collision with other vehicle, etc., and use items 1 through 11 of this section, as appropriate, to illustrate what happened.   |    |   |    |   |    |   |    |  |    |  |    |                              |    |  |    |   |    |   |    |  |    |                      |    |   |  |  |    |  |  |  |    |                                    |  |  |    |                 |

# HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 1769

**Use Ball Point Pen to Complete. Press Hard.**

|   |  |   |
|---|--|---|
| <i>Carefully read instructions in the attached booklet. Items marked with an asterisk (*) must be answered using codes in the attached booklet.</i> | U.S. POSTAL SERVICE<br><b>ACCIDENT REPORT</b>  |   |
| 1. Post Office, Station, Branch, Unit (City, State and Zip + 4)<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div>          | 2. Finance Number<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | 3. Installation ID<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| 4. Accident Number<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>   |  |   |

### General Information

|   |   |  |   |
|---|---|--|---|
| 5. Kind of Accident<br>1. <input type="checkbox"/> Motor Vehicle<br>2. <input type="checkbox"/> Natural Event<br>3. <input type="checkbox"/> Industrial<br>4. <input type="checkbox"/> Other  | 6. Fire Involved?<br>1. <input type="checkbox"/> No<br>2. <input type="checkbox"/> Building & Contents<br>3. <input type="checkbox"/> Other | 7. Accident Resulted in:<br>1. <input type="checkbox"/> Personal Injury Only<br>2. <input type="checkbox"/> Property Damage Only<br>3. <input type="checkbox"/> Personal Injury & Property Damage<br>4. <input type="checkbox"/> No Case (No Injury/No Damage) | 8. Was On-Site Investigation conducted by Immediate Supervisor?<br>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No |
| 9. Ownership of Damaged Property<br>a. Postal    b. Non-Postal<br>*    *  | 10. Estimated Property Damage (round to nearest dollar)<br>a. Postal    b. Non-Postal<br>\$    \$   | 11. Accident Date<br>Mo.    Day    Yr.   | 12. Time of Day-24 Hour Military<br>_____   |
| 13. Day of Week<br>1. <input type="checkbox"/> Sun    2. <input type="checkbox"/> Mon    3. <input type="checkbox"/> Tues    4. <input type="checkbox"/> Wed<br>5. <input type="checkbox"/> Thurs    6. <input type="checkbox"/> Fri    7. <input type="checkbox"/> Sat |   |  |   |

### Accident Location and Conditions

|             |  |   |  |  |  |           |
|-------------|--|---|--|--|--|-----------|
| 14. Weather | 15. General Description of Accident Area | Where Did Accident Happen?                    |  | 18. Specific Description of Accident Area            | 19. Rte/Sched/Op. No.  | 20. Light |
| *    *      | *    *                                   | 16. Building                                  | 17. Work Location                        | *    *   | 19a. Delivery Route<br>19b. Emp. Op. No.                                 | *    *    |
| 21. Surface | 22. Surface Conditions                   | 23. Circumstances Leading to Injury or Damage | 24. Item Causing Actual Injury or Damage | 25. Hazardous Situation Directly Related to Accident | 26. Defective or Hazardous Equipment or Material Related to the Accident |           |
| *    *      | *    *                                   | *    *  | *    *                                   | *    *   | *    *   |           |

### Motor Vehicle Accident Information

*(If no vehicle was involved in the accident, skip this section) (Items 28, 35 + 36 are reserved)*

|                                    |                |                  |                  |   |  |  |                    |
|------------------------------------|----------------|------------------|------------------|---|--|--|--------------------|
| 27. Total No. of Vehicles Involved | 28. (Reserved) | 29. Vehicle Type | 30. Vehicle Path | 31. Were Seat Belts in Use?                                       | 32. Roll Over  | 33. Employee Ejected from Vehicle  | 34. Area of Impact |
| *    *                             | *    *         | *    *           | *    *           | 1. <input type="checkbox"/> Yes<br>2. <input type="checkbox"/> No | 1. <input type="checkbox"/> Without Collision<br>2. <input type="checkbox"/> Before Collision<br>3. <input type="checkbox"/> After Collision<br>4. <input type="checkbox"/> No Roll Over | 1. <input type="checkbox"/> Partial<br>2. <input type="checkbox"/> Complete<br>3. <input type="checkbox"/> Not Ejected | *    *             |

### Involved Person(s) Information

|   |                               |   |   |                             |  |   |
|---|-------------------------------|---|---|-----------------------------|--|---|
| 37. Total No. of Accident Reports                                 | 38. Person I.D. No.           | 39. If Vehicle Accident Person Described Here Was:  | 40. Name (Last Name, First, MI)                               | 41. Age                     | 42. Sex  |   |
| *    *  | *    *                        | 1. <input type="checkbox"/> Pedestrian<br>2. <input type="checkbox"/> Driver<br>3. <input type="checkbox"/> Passenger | *    *  | *    *                      | 1. <input type="checkbox"/> Male<br>2. <input type="checkbox"/> Female |   |
| 43. Des. & Activ.   | 44. Injury/Illness Severity   | 45. Nature of Most Severe Injury  | 46. Part of Body Affected                                     | 47. Unsafe Personal Factors | 48. Unsafe Practice  | 49. Social Security No. (Employee Only) |
| *    *  | *    *                        | *    *  | *    *  | *    *                      | *    *   | *    *                                  |
| 50. Was Employee on Overtime Status?                              | 51. Postal Service Experience | 52. Hours of Safety Training  | 53. Five Year Postal Accident Record                          | 54. Pay Location            | 55. LDC/FON Code   |   |
| 1. <input type="checkbox"/> Yes    2. <input type="checkbox"/> No | Years    Mos.                 | *    *  | No. Prior Vehicle Accidents    No. Prior Industrial Accidents | *    *                      | *    *   |   |

### Accident Factor(s) & Corrective Actions on Pages 1 & 2 of Form Have Been Reviewed & Are Concurred With.

|                               |               |                  |                                      |      |
|-------------------------------|---------------|------------------|--------------------------------------|------|
| 56. Supervisor's Signature    | Date          | Supervisor's SSN | 57. Next Higher Level Mgr. Signature | Date |
| 58. Supervisor's Printed Name | Telephone No. |                  | 59. MSC Safety Officer's Signature   | Date |

**HBK EL-505, INJURY COMPENSATION, DECEMBER 1995**  
FORMS

Form 1769 (continued)

60. Is a JSA on File? 1.  Yes 2.  No      61. Preventive Action       Accident Number

*(Explain how the preventive action will eliminate or reduce cause(s) and prevent similar accidents)*

**Narrative/Complete Description of Accident**

*(Describe accident, events leading to accident, causes of injury or damage, and specific location of accident—Provide the who, what, when, where, why, and how of this accident)*

**Hospital/Physician Information**

|                         |           |                           |
|-------------------------|-----------|---------------------------|
| Hospital/Physician Name | Address   | Area Code & Telephone No. |
| Treatment Date          | Diagnosis | Duty Status               |

**Hazardous Conditions and/or Equipment, Materials, Etc.**

*(Specify equipment with manufacturer name, model no., serial no., and year made. Where applicable, include vehicle ID no.)*

**Vehicle Diagram (For use in motor vehicle accidents)**

*(Indicate on the diagram below what happened. NOTE: Vehicle driven by postal employee is identified as Federal No. 1 regardless of ownership)*

- Number Federal vehicle as 1—other vehicle as 2—additional vehicle as 3, and show direction of travel by arrow  
*(Example: → 1 ← 2 ← 3)*
- Use solid line to show path before accident  
Broken line after accident
- Show pedestrian by
- Show railroad by
- Give names or numbers of streets or highways
- Indicate north by arrow in this circle
- Show point of impact by
- Indicate skid marks & lengths
- Indicate type & path of ejection
- Traffic controls (signals, sign, officer, etc.)
- Show width of roadway, traffic flow, parked vehicles, etc.

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