

Using the instruction included in an attached worksheet and editing comments, complete all applicable boxes.
The installation ID and accident number will be assigned by the servicing safety office.

U.S. POSTAL SERVICE
ACCIDENT WORKSHEET

VERSION
1769-V3P
12/04

1. Post Office, Station, Branch, Unit (City, State and Zip+4)

FACILITY :
ADDRESS :
CITY/ST/ZIP :

2. Finance Number

3. Installation ID

4. Accident Number

General Information

5. Kind of Accident

- 1. MOTOR VEHICLE
- 2. NATURAL EVENT
- 3. INDUSTRIAL
- 4. OTHER

6. Fire Involved?

- 1. NO
- 2. BUILDING & CONTENTS
- 3. OTHER

7. Accident Resulted In:

- 1. PERSONAL INJURY ONLY
- 2. PROPERTY DAMAGE ONLY
- 3. PERSONAL INJURY & PROPERTY DAMAGE
- 4. NO CASE (NO INJURY - NO DAMAGE)

13. Day of Week

- 1. SUN
- 2. MON
- 3. TUE
- 4. WED
- 5. THU
- 6. FRI
- 7. SAT

8. Was On-Site Investigation conducted by Supv?

- 1. YES
- 2. NO

9. Ownership of Damaged Property

a. Postal b. Non-Postal

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10. Estimated Property Damage (round to nearest dollar)

a. Postal b. Non-Postal

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11. Accident Date

Mo. / Day / Yr.

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12. Time of Day in 24-Hour Military

HHMM

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Accident Location and Conditions

14. Weather

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15. Accident Area

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16. Building

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17. Work Location

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18. Acc. Area

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19. Rte/Sched/Op No.

19a. Delivery Route
19b. Emp. Op. No.

20. Light

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21. Surface

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22. Surface Condition

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23. Circumstances Leading to injury or damage.

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24. Item Causing Actual Injury or Damage

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25. Hazardous Situation Directly Related to Accident

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26. Defective or Hazardous Equipment or Material Related to the Accident

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Motor Vehicle Accident Information

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

27. Total No. Involved Veh.

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28. Vehicle Number

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29. Veh. Type

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30. Veh. Path

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31. Were Seat belts in use?

- 1. YES
- 2. NO

32. Roll Over

- 1. WITHOUT COLL.
- 2. BEFORE COLL.
- 3. AFTER COLL.
- 4. NO ROLL-OVER

33. Employee Ejected

- 1. PARTIAL
- 2. COMPLETE
- 3. NOT EJECTED

34. Area of Impact

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Involved Person(s) Information

37. Total No. of Accidents Reported

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38. Person I.D. No.

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39. If Vehicle Accident Person Described Here Was:

- 1. PEDESTRIAN
- 2. DRIVER
- 3. PASSENGER

40. Name - (Last Name, First, MI)

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41. Age

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42. Sex

- 1. MALE
- 2. FEMALE

43. Des. & Act Code

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44. OSHA Record

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45. Nature of Most Severe Injury

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46. Part of Body Affected

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47. Unsafe Personal Factors

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48. Unsafe Practice

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49. Social Security Number (Employee Only)

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50. Was Employee on Overtime Status?

- 1. YES
- 2. NO

51. Postal Service Experience

Years	Mos.

52. Hours of Safety Training

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53. Five Year Postal Accident Record

No. Prior Veh. Acc.	No. Prior Ind. Acc.

54. Pay Location

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55. LDC/FON Code

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Accident Factor(s) & Corrective Actions on Page 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

60. Is a JSA on File?

- 1. YES
- 2. NO

61. Preventive Action

Accident Number

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

Just type your text here, do not push ENTER till you are done.

63. 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)

Just type your text here, do not push ENTER till you are done.

64. Hospital/Physician Information

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

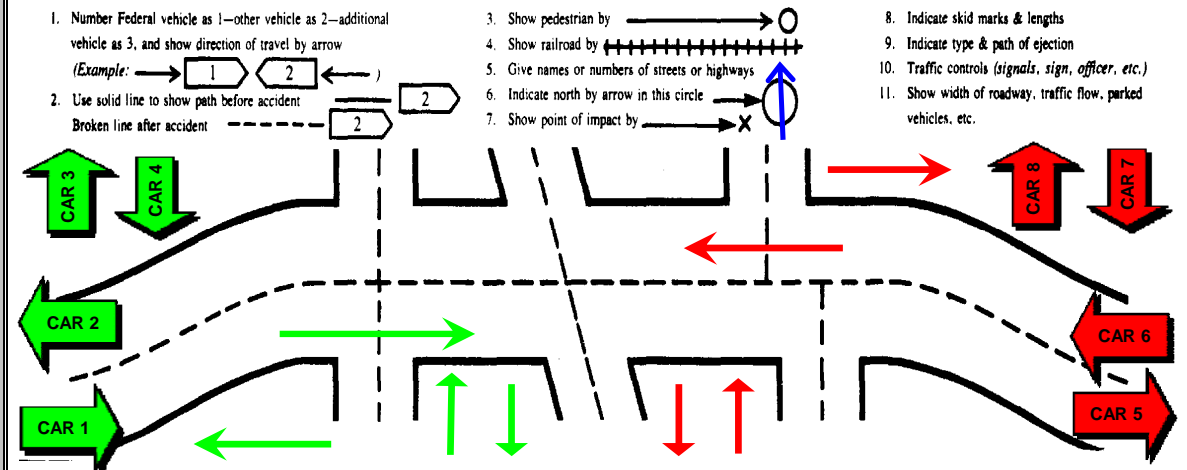
65. OSHA Recordability Rationale. (Shows the Item 44 and lets you choose a Rationale and two lines of explanation)

OSHA requires the employer to document the rationale for recordkeeping decisions. Make a selection based on the code in item 44. If non-recordable select the description that represents: The employee's status, conduct or medical treatment at the time of the alleged injury/illness. Choice from Item 44 :

Type additional rationale here, do not push ENTER till you are done.

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)



Accident Report Instructions

General Information

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.

Information forwarded to the Office of Workers' Compensation Programs (OWCP) must not differ from information on this form.

Multiple Person Accidents

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.

Submission Procedures

1. The supervisor must complete this form within 24 hours of the date of the accident, the diagnosis of illness, of illness, or the date they were notified of the situation. The next level supervisor must verify all information on the form.

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, Accident Report, 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.

3. The installation head forwards the original accident report to the safety office within 3 calendar days of the accident.

4. The local office must retain a copy of all reports (reportable or non-reportable) 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.

5. The safety office must: review the completed form to ensure accuracy of codes; coordinate any changes with the reporting office; complete necessary items; assign number and enter the accident information into the HRIS Safety and Health Subsystem within 1 calendar day of receipt, and; retain the original copy for a period of 5 years.

The safety office assigns a number on all forms (item 4), using HRIS guidelines, for both reportable and non-reportable incidents including unadjudicated occupational illness cases, when it covers any of the following injuries, illnesses or damages:

Determining Reportable Accidents

1. All occupational traumatic injuries to postal employees regardless of whether the employee elects to file a Form CA-1 (Federal Employee Notice of Traumatic Injury & Claim for Continuation of Pay/Compensation) or a Form CA-6 (U.S. Dept. Labor - Official Superiors Report of Employee's Death) is submitted to OWCP, and regardless of whether or not the OWCP claim is controverted. EXCEPTION: 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 case (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. NOTE: Cases with medical dispositions for limited duty are not to be coded as first aid injuries.

2. All occupational illnesses, including heart attacks, if a CA-2 (Federal Employee's Notice of Occupational Disease and Claim for Compensation) or CA-6 is

3. Injuries or fatalities to non-postal persons on postal premises.

4. All motor vehicle accidents.

5. Property damage of \$500 or more, regardless of ownership.

6. Fire damage of \$100 or more regardless of ownership.

Adjustments and Deletions

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.

THE LONGER DESCRIPTIONS ARE IN "BLUE BOLD"

THE ITEM NUMBER , CHOICE, AND HEADER ARE "WHITE ON BLACK"

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

Item 2: Finance Number

Item 3: Installation ID

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 4: ACCIDENT NUMBER

Item 5: KIND OF ACCIDENT
1. MOTOR VEHICLE

CODE
1

2. NATURAL EVENT	2
3. INDUSTRIAL	3
4. OTHER	4

1. 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 apart of the vehicle.

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

2. 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.

4. 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.

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

Item 6:	FIRE INVOLVED	CODE
	1. NO	1
	2. BUILDING & CONTENTS	2
	3. OTHER	3
	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.	

Accident Resulted In - Check applicable box. In injury an OSHA Form 301 is also required. 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 7:	ACCIDENT RESULTED IN	CODE
	1. PERSONAL INJURY ONLY	1
	2. PROPERTY DAMAGE ONLY	2
	3. PERSONAL INJURY & PROPERTY DAMAGE	3
	4. NO CASE (NO INJURY - NO DAMAGE)	4

Was On-Site Investigation Conducted By Immediate Supervisor? - Check one.

Item 8:	WAS ON SITE INVESTIGATION CONDUCTED	CODE
	1. YES	1
	2. NO	2

Ownership of Damaged Property - If there was property damage select appropriate codes from the lists below:

Item 9a:	OWNERSHIP OF DAMAGED PROPERTY - a. Postal	CODE
	0 - Not Applicable	0
	1 - Postal	1

Item 9b:	OWNERSHIP OF DAMAGED PROPERTY - b. Non Postal	CODE
	0 - Not Applicable	0
	2 - Other government agency	2
	3 - Private party	3
	4 - Employee's personal property used in postal operation, including privately owned rural carrier vehicles	4
	5 - Hired, leased or rented	5
	6 - Contractor working on premises	6
	7 - Star route or messenger	7
	8 - Other (explain in narrative)	8
	9 - Combination of above	9

Estimated Property Damage (round to nearest dollar) - (For example, \$987.65 must be written as \$000988) When possible, coordinate estimates with the managers of fleet operations, plant maintenance or procurement services.

Item 10a:	ESTIMATED PROPERTY DAMAGE
	a. Enter all postal damage here.
Item 10b:	ESTIMATED PROPERTY DAMAGE
	b. Enter all non-postal damage here. (including privately owned rural carrier vehicles)

Enter the date on which the accident occurred

Item 11:	ACCIDENT DATE
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Time of Day Accident Happened - Use 24 hour clock. For example, 1:05 PM must be written as 1305, or 1:45 PM must be written as 1345.

Item 12:	TIME OF DAY ACCIDENT HAPPENED	
	12:00 AM	0000
	12:15 AM	0015
	12:30 AM	0030
	12:45 AM	0045
	1:00 AM	0100
	1:15 AM	0115
	1:30 AM	0130
	1:45 AM	0145
	2:00 AM	0200
	2:15 AM	0215
	2:30 AM	0230
	2:45 AM	0245
	3:00 AM	0300
	3:15 AM	0315
	3:30 AM	0330
	3:45 AM	0345
	4:00 AM	0400
	4:15 AM	0415
	4:30 AM	0430
	4:45 AM	0445
	5:00 AM	0500
	5:15 AM	0515
	5:30 AM	0530
	5:45 AM	0545
	6:00 AM	0600
	6:15 AM	0615
	6:30 AM	0630
	6:45 AM	0645
	7:00 AM	0700
	7:15 AM	0715
	7:30 AM	0730
	7:45 AM	0745
	8:00 AM	0800
	8:15 AM	0815
	8:30 AM	0830
	8:45 AM	0845
	9:00 AM	0900
	9:15 AM	0915
	9:30 AM	0930
	9:45 AM	0945
	10:00 AM	1000
	10:15 AM	1015
	10:30 AM	1030
	10:45 AM	1045
	11:00 AM	1100
	11:15 AM	1115
	11:30 AM	1130
	11:45 AM	1145
	12:00 PM	1200
	12:15 PM	1215
	12:30 PM	1230
	12:45 PM	1245
	1:00 PM	1300
	1:15 PM	1315
	1:30 PM	1330
	1:45 PM	1345
	2:00 PM	1400
	2:15 PM	1415
	2:30 PM	1430
	2:45 PM	1445
	3:00 PM	1500
	3:15 PM	1515
	3:30 PM	1530
	3:45 PM	1545
	4:00 PM	1600
	4:15 PM	1615
	4:30 PM	1630
	4:45 PM	1645
	5:00 PM	1700
	5:15 PM	1715
	5:30 PM	1730
	5:45 PM	1745
	6:00 PM	1800
	6:15 PM	1815
	6:30 PM	1830
	6:45 PM	1845
	7:00 PM	1900
	7:15 PM	1915
	7:30 PM	1930
	7:45 PM	1945

8:00 PM	2000
8:15 PM	2015
8:30 PM	2030
8:45 PM	2045
9:00 PM	2100
9:15 PM	2115
9:30 PM	2130
9:45 PM	2145
10:00 PM	2200
10:15 PM	2215
10:30 PM	2230
10:45 PM	2245
11:00 PM	2300
11:15 PM	2315
11:30 PM	2330
11:45 PM	2345
12:00 AM	2400

Choose which day of the week the accident occurred

Item 13:	DAY OF WEEK	CODE
	1. SUN	1
	2. MON	2
	3. TUE	3
	4. WED	4
	5. THU	5
	6. FRI	6
	7. SAT	7

Weather - Enter the code from the following list that best describes the weather at the accident scene.

Item 14:	WEATHER CONDITION AT THE ACCIDENT SCENE.	CODE
	Sunny	1
	Cloudy	2
	Rain	3
	Snow	4
	Fog	5
	Sleet	6
	Not applicable (if accident happened indoors)	9

General Description of Accident Area - Enter the code from the following list that best describes the neighborhood.

Item 15:	DESCRIBE THE NEIGHBORHOOD	CODE
	City business	1
	City residential	2
	Suburban business	3
	Suburban residential	4
	Rural	5
	Not Applicable (use this code when accident occurs on postal premises)	9

Building Where Accident Happened - If the accident happened in, or on the premises of a specific building, enter the appropriate code from the following list:

Item 16:	BUILDING WHERE THE ACCIDENT HAPPENED	CODE
Associate Office	Associate Office - Category A-G P.O.	01
Station/Branch	Station/Branch - Category A-G	02
Associate Office	Associate Office - Category H-J P.O.	03
Station/Branch	Station/Branch - Category H-J	04
Associate Office	Associate Office - Category K P.O.	05
Associate Office	Associate Office - Category L P.O.	06
Station/Branch	Station/Branch - Division - Main Office	07
	Station/Branch - MSC - Main Office	08
	Station/Branch - Vehicle Maintenance Facility	10
	Station/Branch - Airmail Facility	11
	Station/Branch - Regional Office	12
	Station/Branch - Headquarters Office	13
	Station/Branch - Postal Data Center	14
	Station/Branch - Supply Center	15
	Station/Branch - Mail Equipment Shop	16
	Station/Branch - Independent Mail Processing Center	18
	Station/Branch - Mail Bag Depository and Repair Center	19
	Station/Branch - Railroad Terminal	22
	Station/Branch - Truck Terminal	23

	Station/Branch - Bulk Mail Center	24
	Station/Branch - Postal Training Center	25
	Station/Branch - Other	26
Non-Postal	Non-Postal - Other government building	50
	Non-Postal - Customer's building/premises	51
	Non-Postal - Other (Explain in narrative)	97
	Not applicable	99

Work Location - Enter the code from the following list that best describes the type of work area or type of route where the employee was working.

Item 17:	WORK LOCATION - DESCRIBE WORK AREA OR TYPE OF ROUTE	CODE
On Postal Premises	On Postal Premises - Facing tables	01
	On Postal Premises - Processing metered mail	02
	On Postal Premises - Outgoing letter primary	03
	On Postal Premises - Outgoing letter secondary	04
	On Postal Premises - Outgoing flat primary	06
	On Postal Premises - Outgoing flat secondary	07
	On Postal Premises - Outgoing parcel post primary	10
	On Postal Premises - Outgoing parcel post secondary	11
	On Postal Premises - Outgoing small parcels & rolls primary	12
	On Postal Premises - Outgoing small parcels & rolls secondary	13
	On Postal Premises - Incoming letter primary	15
	On Postal Premises - Incoming letter secondary	16
	On Postal Premises - Incoming flat primary	17
	On Postal Premises - Incoming flat secondary	18
	On Postal Premises - Incoming parcel post primary	19
	On Postal Premises - Incoming parcel post secondary	20
	On Postal Premises - Sack shakeout; dumping	21
	On Postal Premises - Rewrap	22
	On Postal Premises - Box section/letter casing	23
	On Postal Premises - Letter sorting machine (LSM)	24
	On Postal Premises - Parcel sorting machine	25
	On Postal Premises - Container loaders/unloaders	26
	On Postal Premises - Weighers section and related activities	27
	On Postal Premises - Roller tables	28
	On Postal Premises - Sack sorting machine	29
	On Postal Premises - Rotary slides	30
	On Postal Premises - Chutes	31
	On Postal Premises - Culling operation	32
	On Postal Premises - Cancellation	33
	On Postal Premises - Dispatching; staging area	34
	On Postal Premises - Outgoing newspaper	35
	On Postal Premises - Incoming newspaper	36
	On Postal Premises - Sack examination area	37
	On Postal Premises - NMO and irregulars	38
	On Postal Premises - OCR - optical character reader	39
	On Postal Premises - Bar Code Sorter	40
	On Postal Premises - Office work	42
	On Postal Premises - Miscellaneous non-mail handling activities by Mailing Division	43
	On Postal Premises - Computerized Forwarding System	45
	On Postal Premises - Registry	47
	On Postal Premises - Carrier-office work	48
	On Postal Premises - Dock & platform area	49
	On Postal Premises - Sorting machine cat walks, drive platform, and maint-maintained	51
	On Postal Premises - Flat sorting machine (FSM)	52
	On Postal Premises - Others relating to fixed-mechanization	55
	On Postal Premises - Office area	56
	On Postal Premises - Small parcel and bundle sorter	57
	On Postal Premises - Walk-in vault	58
	On Postal Premises - Banding unit	59
	On Postal Premises - Lobby or customer areas	60
	On Postal Premises - ET, MPE shops	61
	On Postal Premises - Carpenter shops	62
	On Postal Premises - Battery shop	63
	On Postal Premises - Industrial vehicle shop	64
	On Postal Premises - Custodial equipment room	65
	On Postal Premises - Other Maintenance area (Explain in narrative)	66
	On Postal Premises - Parking/Maneuvering area	67
	On Postal Premises - Aisle/Passageway	68
Off Postal Premises	Off Postal Premises - Express Mail route	69
	Off Postal Premises - Foot route	70
	Off Postal Premises - Special delivery route	71
	Off Postal Premises - Parcel post delivery	72
	Off Postal Premises - Mounted route delivery	73
	Off Postal Premises - Collection route	74
	Off Postal Premises - Rural route	75
	Off Postal Premises - Interstation route	76
	Off Postal Premises - Intercity route	77
	Off Postal Premises - Air route	78
	Off Postal Premises - Relay route	79
	Off Postal Premises - Park and loop	80
	Off Postal Premises - Depot	81
	Off Postal Premises - Maintenance	82
	Off Postal Premises - Enroute to servicing	83

Miscellaneous	Off Postal Premises - Enroute from servicing	84
	Off Postal Premises - Parking-maneuvering area	85
	Miscellaneous - Lunchroom/cafeteria	87
	Miscellaneous - Rest room	88
	Miscellaneous - Boiler room	89
	Miscellaneous - Machine room	90
	Miscellaneous - Trash room or area	91
	Miscellaneous - Elevator	92
	Miscellaneous - Mail box	93
	Miscellaneous - Conveyor tunnel	94
Miscellaneous - Other	97	
Miscellaneous - Not applicable	99	

Specific Description of Accident Area - Enter the code from the following list that best describes the description of the accident area:

Item 18:	DESCRIPTION OF ACCIDENT AREA	CODE
	Public street/road	1
	Public sidewalk	2
	Public alley	3
	Non-Postal premises (Reserved)	4
	Private road	5
	Highway	6
	Expressway	7
	Postal premises	8
		9

Route/Schedule/Operation Number - 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.

Item 19:	ROUTE / SCHEDULE / OPERATION NUMBER
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Light - Enter the code from the following list that best describes the type of light in which the accident occurred.

Item 20:	TYPE OF LIGHT WHEN ACCIDENT OCCURRED	CODE
	Dawn	01
	Dark and unlighted	02
	Lighted or illuminated	03
	Light provided but out	04
	Daylight-clear	05
	Daylight-overcast	06
	Dusk	07

Surface - Enter the code from the following list that best describes the type of surface on which the accident occurred.

Item 21:	TYPE OF SURFACE ON WHICH THE ACCIDENT OCCURRED	CODE
	Concrete	01
	Blacktop	02
	Brick and stone	03
	Gravel	04
	Dirt	05
	Tile	06
	Wood	07
	Metal	08
	Sand	09
	Grass	10
	Other (Explain in narrative)	11
	Carpet	12

Surface Conditions - Enter the code from the following list that best describes the surface conditions on which the accident occurred.

Item 22:	SURFACE CONDITIONS ON WHICH THE ACCIDENT OCCURRED	CODE
	Dry	01
	Wet	02
	Muddy	03
	Snow	04
	Loose sand or dirt	05
	Oily or slick	06
	Icy	08
	Uneven or potholes	09
	Other (Explain in narrative)	10

Circumstances Leading to Injury or Damage - Enter the code from the following list that best describes the action or condition which caused the accident.

Item 23:	CIRCUMSTANCES LEADING TO THE INJURY OR DAMAGE	CODE
Industrial General General	Industrial General - Caught in, under or between	001
	General - Stepping in or on object (not falling)	002
	General - Tripping on or tripped by object (not falling)	003
	General - Slipping and twisting (not falling)	004
	General - Exposure to extreme temperatures	005
	General - Inhalation	006

	General - Striking against material or equipment	007
	General - Jumping to or from places	008
	General - Stooping/bending	009
Animals	Animals - Dog bite	010
	Animals - Dog incident (other than bite)	011
	Animals - Other animal bite	012
	Animals - Other animal incident (not bites)	013
	Animals - Insect bite/sting	014
Contact with	Contact with - Toxic substances	020
	Contact with - Caustic substances	021
	Contact with - Radiological substances	022
	Contact with - Biological substances (no syringe)	023
	Contact with - Biological substances (syringe)	024
	Contact with - Electric Current	025
	Contact with - Chemical (including dog spray)	026
	Contact with - Hot or cold objects or substances	027
	Contact with - Dust/foreign particle	028
Falls on same level	Falls on same level - To floors	040
	Falls on same level - To sidewalks/ground	041
	Falls on same level - To street	042
Falls from elevation	Falls from elevation - On stairs/steps	050
	Falls from elevation - From platforms	051
	Falls from elevation - From porches	052
	Falls from elevation - From docks	053
	Falls from elevation - From curbs	054
	Falls from elevation - From ramps	055
	Falls from elevation - From chairs, stools	056
	Falls from elevation - From stationary vehicles	057
	Falls from elevation - Into floor openings	059
Lifting, pulling, pushing, throwing, k	Lifting, pulling, pushing, throwing, keying - Lifting from or to a higher level	080
	Lifting, pulling, pushing, throwing, keying - Handling at same level	081
	Lifting, pulling, pushing, throwing, keying - Pulling from or to a higher level	090
	Lifting, pulling, pushing, throwing, keying - Pulling at same level	091
	Lifting, pulling, pushing, throwing, keying - Pushing from or to a higher level	100
	Lifting, pulling, pushing, throwing, keying - Pushing at same level	101
	Lifting, pulling, pushing, throwing, keying - Throwing from or to a higher level	110
	Lifting, pulling, pushing, throwing, keying - Throwing at same level	111
	Lifting, pulling, pushing, throwing, keying - Repetitive motions/keying	120
	Lifting, pulling, pushing, throwing, keying - Repetitive motions--other	121
Struck by	Struck by - Falling objects	150
	Struck by - Flying objects	151
	Struck by - Material or equipment	152
Violence/Vandalism	Violence/Vandalism - By postal employee(s)	160
	Violence/Vandalism - By others	161
Legally Parked/Other	Legally Parked/Other - On roadway	170
	Legally Parked/Other - Off roadway	171
	Legally Parked/Other - Rural carrier-off duty vehicle-related	172
Fires or Smoldering - Electricity	Fires or Smoldering - Electricity - Short circuit in wiring	300
Fire - Electricity	Fire - Electricity - Overloaded wiring or switch	301
	Fire - Electricity - Defective wiring	302
	Fire - Electricity - Motors or equipment	303
	Fire - Electricity - Other (Explain in narrative)	309
Fire - Explosion	Fire - Explosion - Carburetor backfire	310
	Fire - Explosion - Chemical	311
	Fire - Explosion - Bomb	312
	Fire - Explosion - Other (Explain in narrative)	319
	Fire - Exposure - From adjoining premises or space	320
Flammable liquids	Flammable liquids - Flooded carburetor	330
	Flammable liquids - Other (Explain in narrative)	330
Fires - Other	Fires - Other - Incendiarism (deliberately set fire)	350
	Fires - Other - Lightning with fire ensuing	351
	Fires - Other - Matches and smoking	352
	Fires - Other - Open flames, welding & torches	353
	Fires - Other - Overheated grease, tar, or wax (Example: hot boiling wax)	354
	Fires - Other - Spontaneous ignition	355
	Fires - Other - Stoves, furnaces and boilers	356
	Fires - Other - Miscellaneous known causes	368
	Fires - Other - Undetermined cause of fire or smoldering	369
Motor Vehicle	Motor Vehicle - Rollaway-engine off	400
	Motor Vehicle - Runaway-engine on	401
	Motor Vehicle - Collision or sideswipe with another vehicle -	500
	Motor Vehicle - Collision or sideswipe with a standing vehicle	600
	Motor Vehicle - Non-collision accidents	700
	Motor Vehicle - Not Elsewhere Classified	800

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)

Item 24:	ITEM CAUSING ACTUAL INJURY / DAMAGE	CODE
Vehicle Powered	Vehicle Powered - Aircraft	001
	Vehicle Powered - Watercraft	005
	Vehicle Powered - Railroad	009
Specific Part of Vehicle	Specific Part of Vehicle - Windshield	010
	Specific Part of Vehicle - Instrument panel-dashboard	011

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

Machines Powered - OCR Model 885	231
Machines Powered - OCR Other Models	232
Machines Powered - BCS Model RA-9	233
Machines Powered - BCS Model 880	234
Machines Powered - BCS Other Models	235
Machines Powered - FSM Model 775	236
Machines Powered - FSM Other Models	237
Machines Powered - Facer Cancellor Mark II	238
Machines Powered - Facer Cancellor M-36	238
Machines Powered - Facer Other-Other Letter Mail	240
Machines Powered - Flats Cancellor -Model 15	241
Machines Powered - Flats Other-Other Models	242
Machines Powered - Vending Machines/Changers	243
Machines Powered - Hamper Dumper	244
Machines Powered - Pallet Dumper	245
Machines Powered - Shoring Machine	246
Machines Powered - Heat Seal Machine	247
Machines Powered - Scissors Lift	248
Machines Powered - Driverless Tractor	249
Machines Powered - Keyboards (typewriters, word processors, MPLSM Consoles, etc.)	250
Machines Powered - Video Display Terminal	251
Machines Powered - BCS Model DBCS-990	260
Machines Powered - BCS Model925	261
Machines Powered - Facer Cancellor FAM-885	270
Machines Powered - Other machines not listed above	299
Miscellaneous - Acids	400
Miscellaneous - Alcohol	403
Miscellaneous - Animals (other than dogs), example: birds	406
Miscellaneous - Insects	407
Miscellaneous - Atmosphere (cold or hot)	409
Miscellaneous - Barrels and drums	412
Miscellaneous - Benches/work	418
Miscellaneous - Boilers/pressure vessels	421
Miscellaneous - Books	424
Miscellaneous - Bottles	427
Miscellaneous - Carbon dioxide/monoxide	433
Miscellaneous - Cases	439
Miscellaneous - Chairs, LSM	440
Miscellaneous - Chairs, other	441
Miscellaneous - Chemicals, detergents and chemical compounds	442
Miscellaneous - Snow blower	444
Miscellaneous - Cleaning compounds/soap	445
Miscellaneous - Clips (paper)	448
Miscellaneous - Solvents	446
Miscellaneous - Clothing	451
Miscellaneous - Conveyors-non-powered	457
Miscellaneous - Counters	460
Miscellaneous - Curbs	461
Miscellaneous - Debris/trash/scrap/waste materials	466
Miscellaneous - Desks (lobby)	469
Miscellaneous - Docks/platforms	475
Miscellaneous - Dock plates or boards	476
Miscellaneous - Dust	477
Miscellaneous - Dogs	478
Miscellaneous - Doors	481
Miscellaneous - Drugs/illegal	484
Miscellaneous - Electric apparatus (other than tools)	487
Miscellaneous - Elevator	488
Miscellaneous - Fasteners	490
Miscellaneous - Fire	493
Miscellaneous - Floors	495
Miscellaneous - Firearms	496
Miscellaneous - File cabinets	497
Miscellaneous - Foreign object	498
Miscellaneous - Furniture	499
Miscellaneous - Furnace	502
Miscellaneous - Gasoline	505
Miscellaneous - Ground	506
Miscellaneous - Gurney (hamper-no wheels)	508
Miscellaneous - Heaters (space)	511
Miscellaneous - Hoisting apparatus	514
Miscellaneous - Hose	515
Miscellaneous - Knives	517
Miscellaneous - Ladders	520
Miscellaneous - Lock/key LA/holder/rotary	523
Miscellaneous - Lockers (clothing)	532
Miscellaneous - Lumber/wood products	535
Miscellaneous - Mail (too large for canceling machine)	541
Miscellaneous - Mail boxes (collection & storage)	547
Miscellaneous - Mail boxes (customer)	548
Miscellaneous - Lawn mower	551
Miscellaneous - Lockbox	552
Miscellaneous - Mail Pouch racks (to hang empties)	553
Miscellaneous - Mail sack (loose not bundled)	556
Miscellaneous - Medicine	557

	Miscellaneous - Newspapers (bundled)	562
	Miscellaneous - Paper	564
	Miscellaneous - Oil/petroleum products	565
	Miscellaneous - Plastic bands/strapping	566
	Miscellaneous - Porch	567
	Miscellaneous - Pallets/skids	568
	Miscellaneous - Stoves	571
	Miscellaneous - Rest bars	574
	Miscellaneous - Ring knife	575
	Miscellaneous - Sack buckle-hasp	576
	Miscellaneous - Scissors	578
	Miscellaneous - Sharp instrument	579
	Miscellaneous - Shoes	580
	Miscellaneous - Smoke	583
	Miscellaneous - Staples	586
	Miscellaneous - Steam	589
	Miscellaneous - Steps/stairs	590
	Miscellaneous - Tire(s)	592
	Miscellaneous - Welding slag/spark	593
	Miscellaneous - Windows	601
	Miscellaneous - Trees/branches/limbs	605
	Miscellaneous - Stools	606
	Miscellaneous - Sidewalks/street	607
	Miscellaneous - Rubber bands	608
Boxes, crates and containers	Boxes, crates and containers - Less than 10 lbs	710
	Boxes, crates and containers - 11-20 lbs	711
	Boxes, crates and containers - 21-40 lbs	712
	Boxes, crates and containers - 41-70 lbs	713
	Boxes, crates and containers - 71 lbs and over	714
Mail Trays	Mail Trays - Less than 10 lbs	740
	Mail Trays - 11-20 lbs	741
	Mail Trays - 21-40 lbs	742
	Mail Trays - 41-70 lbs	743
	Mail Trays - 71 lbs and over	744
Mail Sack/Pouch	Mail Sack/Pouch - Less than 10 lbs	760
	Mail Sack/Pouch - 11-20 lbs	761
	Mail Sack/Pouch - 21-40 lbs	762
	Mail Sack/Pouch - 41-70 lbs	763
	Mail Sack/Pouch - 71 lbs and over	764
Satchels	Satchels - Less than 10 lbs	770
	Satchels - 11-20 lbs	771
	Satchels - 21-40 lbs	772
	Satchels - 41-70 lbs	773
	Satchels - 71 lbs and over	774
Other material/equipment	Other material/equipment - Less than 10 lbs	780
	Other material/equipment - 11-20 lbs	781
	Other material/equipment - 21-40 lbs	782
	Other material/equipment - 41-70 lbs	783
	Other material/equipment - 71 lbs and over	784
	Other (Explain in narrative)	999

Hazardous Situation Directly Related to Accident - Enter the code from the following list that best describes hazardous situations directly related to the accident.

Item 25:	HAZARDOUS SITUATION DIRECTLY RELATED TO ACCIDENT	CODE
	Inadequate aisle or working space	01
	Congested or blocked area	02
	Unmarked doors (In-Out)	03
	Poor drainage	04
	Unsafe (for working condition) dress or apparel	05
	Insufficient electrical outlets	06
	Inadequately guarded equipment	07
	Absence of hand rails on steps or ramps	08
	Poor housekeeping (cluttered and disorderly)	09
	Unsafe planning lay-out or operational methods	10
	Improper or Insufficient lighting	11
	Lack of emergency lighting	12
	Dangerous arrangement of loading areas, collection, box lo	13
	Excessive noise	14
	Platforms too high or too low	15
	Lack of personal protect equipment	16
	Absence of steps to and from platform	17
	Improper ventilation	18
	Excessive wax on floors	19
	Hazardous conditions of customer's premises	20
	Slippery or uneven surface	21
	Unrestrained animals	22
	Overload equipment	23
	Faulty construction	24
	Incorrect equipment design	30
	Faulty job training	31
	Improper assignment of personnel	32
	Lack of or unspecified job procedures	33
	Lack of or unspecified safety rules	34
	Lack of knowledge or skill	35

Sight obstruction	51
Improperly loaded equipment or vehicle	52
Absence of maintenance platforms	62
Absence of or insufficient drive chain guards or gear guar	63
Absence of or insufficient drive enclosure screening or ac	65
Absence of or insufficient emergency pull cords or stop buttons	67
Improperly located or Inaccessible lubrication points	69
Improperly located or inaccessible emergency pull cords or	70
Other hazardous situations relating to mechanized equipment	72
Other hazardous situation (Explain In narrative)	97
No hazardous situations	98

Defective or Hazardous Equipment or Material Related to Accident - Enter the code from the following list that best describes hazardous equipment or material that was related to the accident.

Item 26:	DEFECTIVE OR HAZARDOUS EQUIPMENT OR MATERIAL	CODE
Motor Vehicle	Motor Vehicle - Defective accelerator	01
	Motor Vehicle - Defective clutch	02
	Motor Vehicle - Defective foot brake	03
	Motor Vehicle - Defective hand brake	04
	Motor Vehicle - Defective horn	05
	Motor Vehicle - Defective springs or suspension system	06
	Motor Vehicle - Defective or dirty windshield	07
	Motor Vehicle - Defective windshield wipers	08
	Motor Vehicle - Defective or poorly adjusted mirrors	09
	Motor Vehicle - Defective steering system	10
	Motor Vehicle - Defective exhaust system	11
	Motor Vehicle - Defective seat	12
	Motor Vehicle - Defective safety belts	13
	Motor Vehicle - Defective headlights	15
	Motor Vehicle - Defective directional signals	16
	Motor Vehicle - Defective stop (broke) lights	17
	Motor Vehicle - Defective wheels	18
	Motor Vehicle - Smooth or worn tires	20
	Motor Vehicle - Under/over inflated tires	21
	Motor Vehicle - Motor failure	22
	Motor Vehicle - Poor stability (vehicle)	23
	Motor Vehicle - Restricted vision (part of vehicle design)	24
	Motor Vehicle - Defective wiring	26
	Motor Vehicle - Defective shift selector	27
	Motor Vehicle - Short circuit in wiring	40
Industrial	Industrial - Defective or overloaded wire or switch	41
	Industrial - Defective premises of customers	44
	Industrial - Sharp edges on equipment and furniture	50
	Industrial - Defective ring knife	51
	Industrial - Ragged or rusty mail boxes	52
	Industrial - Defective cord on sacks	53
	Industrial - Defective postal stairs/steps	54
	Industrial - Defective customer stairs/steps or porches	55
	Industrial - Structural failure	56
	Industrial - Rough, slippery or broken walking surfaces	57
	Industrial - Loose material on surface	58
	Industrial - Malfunction of door safety Interlocks	60
	Industrial - Malfunction of emergency pull cords or stop butt	61
	Industrial - Malfunction of other safety equipment	63
	Industrial - Defective latches-mail containers receptacles	64
Industrial Powered Vehicles	Industrial Powered Vehicles - Defective shift selector	65
	Industrial Powered Vehicles - Defective brakes	66
Other	Other - Other defects (Explain in narrative)	97
	No defects or hazardous equipment or material	98

Item 27:	Total Vehicles Involved in the accident.
	1
	2
	3
	4
	5
	6
	7
	8
	9
	10
	11
	12
	13
	14
	15
	16
	17
	18
	19
	20
	21

22	22
23	23
24	24
25	25

Item 28: Vehicle Number

1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25

Vehicle type - For postal-owned vehicles enter the make/model code numbers from the most recent Fleet Management Bulletin. Be sure to use all 4 digits. If the accident involved non-postal vehicles, enter a code from the following list.

Item 29: VEHICLE TYPE CODE

	CONTRACT	00-91
	LEASED	00-92
	PRIVATE - DRIVE OUT AGREEMENTS	00-93
	PRIVATE -RURAL CARRIERS (LHD)	00-94
	GSA	00-95
	PRIVATE - RURAL CARRIERS (RHD)	00-96
	OTHER VEHICLES USED ON OFFICIAL POSTAL OPERATIONS	00-98
	ALL OTHERS - NON POSTAL	00-99
1/4-TON	1/4 TON AMG 75-76 RH	01-20
	1/4 TON AMG 79 RH	01-30
	1/4 TON AMG 77 RD	01-40
	1/4 TON AMG 78 RH CA	01-61
	CHRYSLER ARIES/REL.S/W 81 CA	01-71
	1/4 TON AMG 82 RH	01-80
	1/4 TON AMG 82 RH CA	01-81
	1/4 TON AMG 83 RH	01-90
	1/4 TON AMG 84 RH	01-92
	1/4 TON AMG 73-74 LH	02-30
	1/4 TON AMG 73-74 RH	02-40
1/2-TON	1/2 TON FORD AEROSTAR AWD 97	10-01
	1/2 TON FORD WINDSTAR FWD 98	10-02
	1/2 TON FORD/UTIL FFV 00 FLEXF RH	10-03
	1/2 TON FORD/UTIL FFV 01 FLEXF RH	10-04
	1/2 TON FORD/UTIL FFV 01 4x4 RH	10-05
	1/2 TON FORD WINDSTAR FWD 03	10-06
	1/2 TON CHRYSLER CARAVAN FWD 03	10-07
	1/2 TON CHEROKEE 4WD 93 RH	10-10
	1/2 TON AMG 73-74 RH	10-40
	1/2 TON AMG 83 RH	10-60
	1/2 TON AMG 83 RH CA	10-61
	1/2 TON GRUMMAN LLV 87 RH	10-70
	1/2 TON GRUMMAN LLV 88 RH	10-71
	1/2 TON GRUMMAN LLV 89 RH	10-72
	1/2 TON GRUMMAN LLV 90 RH	10-73
	1/2 TON GRUMMAN LLV 91 RH	10-74
	1/2 TON GRUMMAN LLV 92 RH	10-75
	1/2 TON GRUMMAN LLV 93 RH	10-76
	1/2 TON GRUMMAN LLV 94 RH	10-77
	1/2 TON GRUMMAN LLV 87 LPG RH	10-78
	1/2 TON GRUMMAN LLV 88 LPG RH	10-79
	1/2 TON GRUMMAN LLV 89 LPG RH	10-80
	1/2 TON GRUMMAN LLV 90 LPG RH	10-81

	1/2 TON GRUMMAN LLV 91 LPG RH	10-82
	1/2 TON GRUMMAN LLV 92 LPG RH	10-83
	1/2 TON GRUMMAN LLV 93 LPG RH	10-84
	OTHER 1/2 TON VEHICLES	11-20
	1/2 TON GRUMMAN LLV 94 ELECT RH	12-77
	1/2 TON FORD/GRUM LLV 01 ELECT RH	12-80
	1/2 TON GRUMMANLLV 87 DUAL CNG RH	13-70
	1/2 TON GRUMMANLLV 88 DUAL CNG RH	13-71
	1/2 TON GRUMMANLLV 89 DUAL CNG RH	13-72
	1/2 TGRUMMANLLV 90 DUAL CNG RH	13-73
	1/2 TON GRUMMANLLV 91 DUAL CNG RH	13-74
	1/2 TON GRUMMANLLV 92 DUAL CNG RH	13-75
	1/2 TON GRUMMANLLV 93 DUAL CNG RH	13-76
	1/2 TON GRUMMANLLV 94 DUAL CNG RH	13-77
1-TON	1 TON GMC 96 DSL	16-01
	1 TON CHEV. PARCEL DEL 83	16-10
	1 TON CHEV. PARCEL DEL 83 CA	16-11
	1 TON DODGE VAN WAGON 83	16-20
	1 TON DODGE VAN WAGON 83 CA	16-21
	1 TON DODGE VAN WAGON 84	16-22
	1 TON AMG 76 LHD	16-40
	OTHER 1 TON VEHICLES	16-50
	1 TON FORD AEROSTAR PRC.DEL 86 CA	16-51
	1 TON DODGE 80 CA	16-81
2-TON, 2 1/2-TON	1 TON DODGE 80	16-82
	2 TON GMC 96 DSL	21-01
	2 1/2 TON CHEV. P.DEL 84 DSL	21-40
	2 1/2 TON CHEV. PRC.DEL 84 CA DSL	21-41
	2 TON CHEV. PRC.DEL 87-88 DSL	21-50
	2 TON CHEV. PRC.DEL 87-88 CA DSL	21-51
	2 TON FREIGHTLINER 01 LEV DSL	21-52
	2 TON FREIGHTLINER 03 LEV DSL	21-53
	2 TON CTC/WORKHORSE 01 DSL	21-54
	2 TON WORKHORSE 03 LEV DSL	21-55
	2 TON SOLECTRIA 01 ELEC	22-10
	2 TON SOLECTRIA 04 ELEC	22-11
	2 TON CHEV. PRC.DEL 87-88 DED.CNG	22-50
	2 TON FREIGHTLINER 96 DED.CNG	22-51
	2 TON FREIGHTLINER 97 DED. CNG	22-52
5-TON CARGO VAN	5 TON FORD CARGO VAN 75 COE CA	26-41
	OTHER 5 TON VEHICLES	26-60
	5 TON IHC CARGO VAN 84 COE DSL	26-80
	5 TON IHC CARGO VAN 86 COE DSL	26-82
7-TON CARGO VAN	7 TON IHC ARMORED CARGO VAN	26-99
11-TON CARGO VAN	11 TON INTL CARGO VAN CBE 04 DSL	27-11
	11 TON FRLNR CARGO VAN COE 04 DSL	27-12
7-TON CARGO VAN	7 TON VOLVO GM CARGO VAN 91 DSL	27-70
	7 TON FORD CARGO VAN 92 DSL	27-72
	7 TON FORD CARGO VAN 96 DSL	27-73
	7 TON INTL CARGO VAN CBE 04 DSL	27-75
	7 TON FRLNR CARGO VAN COE 04 DSL	27-76
9-TON CARGO VAN	9 TON VOLVO GM CARGO VAN 91 DSL	27-90
	9 TON FORD CARGO VAN 92 DSL	27-92
	9 TON CARGO VAN EMERY	27-99
TRACTOR - SINGLE AXLE	TRC SINGLE AXLE MACK 92	31-01
	TRC SA MACK 97	31-02
	TRC SA MACK 97 CBE	31-03
	TRC SA MACK 99 COE	31-04
	TRC SA MACK 99 CBE	31-05
	TRC SA WHITE 76	31-60
	TRC SA VOLVO-WHITE 86-87 CA	31-61
	TRC SA VOLVO-WHITE 86-87	31-62
	TRC SA VOLVO GMC 90	31-63
	TRC SA FREIGHTLINER EMERY FL-70	31-97
	TRC SA FREIGHTLINER EMERY FL-112	31-99
TRACTORS - TANDEM AXLE	TRC TANDEM AXLE MACK 92	32-01
	TRC TA MACK 97	32-02
	TRC TA MACK COE 99	32-03
	TRC TA MACK CBE 99	32-04
	TRC TA MACK 84 CA	32-21
	TRC TA VOLVO-WHITE 86-87	32-60
	TRC TA VOLVO-WHITE 86-87 CA	32-61
	TRC TA VOLVO GMC 90	32-62
	TRC TA FREIGHTLINER EMERY SLPR	32-98
	TRC TA FREIGHTLINER EMERY	32-99
TRACTOR - SPOTTER	SPOTTER IBEX 76 GAS	33-40
	SPOT CAP. OF TEXAS 97 DSL	34-01
	SPOT CAP. OF TEXAS 98 DSL	34-02
	SPOT T & J INDUSTRIES 83 DSL	34-30
	SPOT CAP. OF TEXAS 87 DSL	34-40
	SPOT CAP. OF TEXAS 89-90 DSL	34-50
	SPOT OTTAWA 95 DSL	34-60
	SPOT EMERY 98	34-98
	SPOT EMERY 99	34-99
TRAILERS 11' X 6"	TRAILER WABASH 28 X 11'6 92	41-01

	TRAILER WABASH 32 X 11'6 92	41-02
	TRAILER WABASH 38 X 11'6 92	41-03
	TRAILER WABASH 45 X 11'6 92	41-04
	TRAILER WABASH 28 X 11'6 98	41-05
	TRAILER WABASH 33 X 11'6 98	41-06
	TRAILER COPCO 24 X 11'6 68	41-20
	TRAILER BAILLIE 22 X 11'6 87	41-21
	TRAILER MONAN 22 X 11'6 83	41-24
	TRAILER MONAN 28 X 11'6 83	41-25
	TRAILER MONAN 32 X 11'6 83	41-26
	TRAILER MONAN 38 X 11'6 83	41-27
	TRAILER COPCO 28 X 11'6 68	41-30
	TRAILER BAILLIE 28 X 11'6 87	41-31
	TRAILER COPCO 28X 11'6 69	41-32
	TRAILER COPCO 32 X 11'6 75	41-40
	TRAILER MONAN 28 X 11'6 84	41-44
	TRAILER MONAN 32 X 11'6 84	41-45
	TRAILER MONAN 38 X 11'6 84	41-46
	TRAILER COPCO 34 X 11'6 74	41-50
	TRAILER STOUGHTON 32 X 11'6 87	41-51
	TRAILER STOUGHTON 36 X 11'6 86	41-60
	TRAILER COPCO 38 X 11'6 75	41-72
	TRAILER BL. DIAMOND 38 X 11'6 76	41-73
	TRAILER BL. DIAMOND 38 X 11'6 78	41-74
	TRAILER COPCO 38 X 11'6 74	41-75
	TRAILER BL. DIAMOND 38 X 11'6 80	41-76
	TRAILER STOUGHTON 38 X 11'6 87	41-80
	OTHER MAIL HAULING TRAILER	41-99
TRAILER 12' 6"	TRAILER WABASH 38 X 12'6 92	43-01
	TRAILER WABASH 45 X 12'6 92	43-02
	TRAILER WABASH 38 X 12'6 98	43-03
	TRAILER WABASH 45 X 12'6 98	43-04
	TRAILER WABASH 45 X 12'6 98 PLATE	43-05
	TRAILER MONON 38 X 12'6 83	43-50
	TRAILER MONON 38 X 12'6 84	43-52
	TRAILER MONON 45 X 12'6 84	43-53
	TRAILER COPCO 38 X 12'6 75	43-70
	TRAILER BL. DIAMOND 38 X 12'6 76	43-72
	TRAILER BL. DIAMOND 38 X 12'6 78	43-73
	TRAILER BL. DIAMOND 38 X 12'6 74	43-74
	TRAILMOBILE 38 X 12'6 75-76	43-76
	TRAILER MONON 38 X 12'6 75-76	43-77
	TRAILER STOUGHTON 38 X 12'6 87	43-80
	TRAILER STOUGHTON 45 X 12'6 87	43-90
TRAILER 13' 6"	TRAILER WABASH 45 X 13'6 98	44-01
	TRAILER EMERY 48'X13'6"	44-91
	TRAILER EMERY 48'X12'	44-92
	TRAILER EMERY 28'X12'	44-93
	TRAILER EMERY 53'X12'6" ROLLER	44-94
	TRAILER EMERY 53'X13'6" ROLLER	44-95
	TRAILER EMERY 28'X12'6"	44-96
	TRAILER EMERY 33'X11'6"	44-97
	TRAILER EMERY 48'X12'6"	44-98
	TRAILER EMERY 53'X13'6"	44-99
VEHICLE MAINTENANCE SERVICE	VEHICLE MAINT 01 CNG	59-00
	VEHICLE MAINT 03 FLX	59-01
	VEHICLE MAINT PICKUP, VAN 02	59-02
	VEHICLE MAINT 03 CNG	59-03
	VEHICLE MAINT PICKUP, VAN 03	59-04
	VEHICLE MAINT 04 CNG	59-05
	VEHICLE MAINT 04 FLX	59-06
	VEHICLE MAINT 05 FLX	59-07
	VEHICLE MAINT PICKUP, VAN 05	59-08
	VEHICLE MAINT WRECKER 05	59-09
	VEHICLE MAINT PRIOR TO 1991	59-10
	VEHICLE MAINT TRAILER	59-11
	VEHICLE MAINT FLATBED WRECKER 05	59-12
	VEHICLE MAINT 02 CNG	59-13
	VEHICLE MAINT 02 FLX	59-14
	VEHICLE MAINT 99 CNG	59-15
	VEHICLE MAINT 99 FLX	59-16
	VEHICLE MAINT 00 CNG	59-17
	VEHICLE MAINT 00 FLX	59-18
	VEHICLE MAINT PICKUP, VAN 04	59-19
	VEHICLE MAINT PICKUP, VAN 91	59-20
	VEHICLE MAINT PICKUP, VAN 92	59-21
	VEHICLE MAINT PICKUP, VAN 93	59-22
	VEHICLE MAINT PICKUP, VAN 94	59-23
	VEHICLE MAINT PICKUP, VAN 95	59-24
	VEHICLE MAINT PICKUP, VAN 96	59-25
	VEHICLE MAINT PICKUP, VAN 97	59-26
	VEHICLE MAINT PICKUP, VAN 98	59-27
	VEHICLE MAINT PICKUP, VAN 99	59-28
	VEHICLE MAINT PICKUP, VAN 00	59-29
	VEHICLE MAINT WRECKER 91	59-30

VEHICLE MAINT WRECKER 92	59-31
VEHICLE MAINT WRECKER 93	59-32
VEHICLE MAINT WRECKER 94	59-33
VEHICLE MAINT WRECKER 95	59-34
VEHICLE MAINT WRECKER 96	59-35
VEHICLE MAINT WRECKER 97	59-36
VEHICLE MAINT WRECKER 98	59-37
VEHICLE MAINT WRECKER 99	59-38
VEHICLE MAINT WRECKER 00	59-39
VEHICLE MAINT FLATBED WRECKER 91	59-40
VEHICLE MAINT FLATBED WRECKER 04	59-41
VEHICLE MAINT FLATBED WRECKER 02	59-44
VEHICLE MAINT FLATBED WRECKER 96	59-45
VEHICLE MAINT FLATBED WRECKER 97	59-46
VEHICLE MAINT FLATBED WRECKER 98	59-47
VEHICLE MAINT FLATBED WRECKER 99	59-48
VEHICLE MAINT FLATBED WRECKER 00	59-49
VEHICLE MAINT TRANSPORT TRAILER 91	59-50
VEHICLE MAINT TRANSPORT TRAILER 92	59-51
VEHICLE MAINT TRANSPORT TRAILER 93	59-52
VEHICLE MAINT TRANSPORT TRAILER 94	59-53
VEHICLE MAINT TRANSPORT TRAILER 95	59-54
VEHICLE MAINT TRANSPORT TRAILER 96	59-55
VEHICLE MAINT TRANSPORT TRAILER 97	59-56
VEHICLE MAINT TRANSPORT TRAILER 02	59-57
VEHICLE MAINT TRANSPORT TRAILER 03	59-58
VEHICLE MAINT TRANSPORT TRAILER 00	59-59
VEHICLE MAINT TRANSPORT TRAILER 01	59-60
VEHICLE MAINT TRANSPORT TRAILER 04	59-61
VEHICLE MAINT TRANSPORT TRAILER 05	59-62
VEHICLE MAINT WRECKER 01	59-70
VEHICLE MAINT WRECKER 03	59-71
VEHICLE MAINT WRECKER 04	59-72
VEHICLE MAINT FLATBED WRECKER 01	59-80
VEHICLE MAINT WRECKER 02	59-81
VEHICLE MAINT PICKUP, VAN 01	59-90
VEHICLE MAINT FLATBED WRECKER 03	59-91
VEHICLE MAINT 05 CNG	59-99
PLANT MAINT 01 CNG	65-00
PLANT MAINT 01 FLX	65-01
PLANT MAINT 03 CNG	65-02
PLANT MAINT 04 CNG	65-03
PLANT MAINT 04 FLX	65-04
PLANT MAINT 05 CNG	65-05
PLANT MAINT 05 FLX	65-06
PLANT MAINT PICKUP 1/2-3/4-1 T 05	65-07
PLANT MAINT MINI PICKUP 05	65-08
PLANT MAINT VAN 1/2-3/4-1 T 05	65-09
PLANT MAINT PRIOR TO 91	65-10
PLANT MAINT TRAILER	65-11
ALL OTHER PLANT MAINT VEHICLES	65-12
PLANT MAINT 02 CNG	65-13
PLANT MAINT 02 FLX	65-14
PLANT MAINT 03 FLX	65-15
PLANT MAINT 99 CNG	65-16
PLANT MAINT 00 CNG	65-17
PLANT MAINT 00 FLX	65-18
PLANT MAINT PICKUP 1/2-3/4-1 T 04	65-19
PLANT MAINT PICKUP 1/2-3/4-1 T 91	65-20
PLANT MAINT PICKUP 1/2-3/4-1 T 92	65-21
PLANT MAINT PICKUP 1/2-3/4-1 T 93	65-22
PLANT MAINT PICKUP 1/2-3/4-1 T 94	65-23
PLANT MAINT PICKUP 1/2-3/4-1 T 95	65-24
PLANT MAINT PICKUP 1/2-3/4-1 T 96	65-25
PLANT MAINT PICKUP 1/2-3/4-1 T 97	65-26
PLANT MAINT PICKUP 1/2-3/4-1 T 98	65-27
PLANT MAINT PICKUP 1/2-3/4-1 T 99	65-28
PLANT MAINT PICKUP 1/2-3/4-1 T 00	65-29
PLANT MAINT PICKUP 1/2-3/4-1 T 03	65-30
PLANT MAINT MINI PICKUP 92	65-31
PLANT MAINT MINI PICKUP 04	65-32
PLANT MAINT MINI PICKUP 94	65-33
PLANT MAINT MINI PICKUP 95	65-34
PLANT MAINT MINI PICKUP 96	65-35
PLANT MAINT MINI PICKUP 97	65-36
PLANT MAINT MINI PICKUP 98	65-37
PLANT MAINT MINI PICKUP 99	65-38
PLANT MAINT MINI PICKUP 00	65-39
PLANT MAINT VAN 1/2-3/4-1 T 91	65-40
PLANT MAINT VAN 1/2-3/4-1 T 92	65-41
PLANT MAINT VAN 1/2-3/4-1 T 93	65-42
PLANT MAINT VAN 1/2-3/4-1 T 94	65-43
PLANT MAINT VAN 1/2-3/4-1 T 95	65-44
PLANT MAINT VAN 1/2-3/4-1 T 96	65-45
PLANT MAINT VAN 1/2-3/4-1 T 97	65-46

PLANT MAINTENANCE

ADMINISTRATIVE

PLANT MAINT VAN 1/2-3/4-1 T 98	65-47
PLANT MAINT VAN 1/2-3/4-1 T 99	65-48
PLANT MAINT VAN 1/2-3/4-1 T 00	65-49
PLANT MAINT STAKEBED 91	65-50
PLANT MAINT STAKEBED 92	65-51
PLANT MAINT STAKEBED 93	65-52
PLANT MAINT STAKEBED 94	65-53
PLANT MAINT STAKEBED 95	65-54
PLANT MAINT STAKEBED 96	65-55
PLANT MAINT STAKEBED 97	65-56
PLANT MAINT STAKEBED 98	65-57
PLANT MAINT STAKEBED 99	65-58
PLANT MAINT STAKEBED 00	65-59
PLANT MAINT MINIVAN 91	65-60
PLANT MAINT MINIVAN 92	65-61
PLANT MAINT MINIVAN 93	65-62
PLANT MAINT MINIVAN 94	65-63
PLANT MAINT MINIVAN 95	65-64
PLANT MAINT MINIVAN 96	65-65
PLANT MAINT MINIVAN 97	65-66
PLANT MAINT MINIVAN 98	65-67
PLANT MAINT MINIVAN 99	65-68
PLANT MAINT MINIVAN 00	65-69
PLANT MAINT MINIVAN 03	65-70
PLANT MAINT MINIVAN 04	65-71
PLANT MAINT STAKEBED 05	65-72
PLANT MAINT MINIVAN 05	65-73
PLANT MAINT PICKUP 1/2-3/4-1 T 01	65-80
PLANT MAINT PICKUP 1/2-3/4-1 T 02	65-81
PLANT MAINT MINI PICKUP 01	65-85
PLANT MAINT MINI PICKUP 03	65-86
PLANT MAINT VAN 1/2-3/4-1 T 01	65-90
PLANT MAINT VAN 1/2-3/4-1 T 02	65-91
PLANT MAINT VAN 1/2-3/4-1 T 03	65-92
PLANT MAINT VAN 1/2-3/4-1 T 04	65-93
PLANT MAINT STAKEBED 01	65-95
PLANT MAINT STAKEBED 03	65-96
PLANT MAINT STAKEBED 04	65-97
ADMIN 98 FLEX	66-01
ADMIN 99 FLEX	66-02
ADMIN 00 FLEX	66-03
ADMIN 01 FLEX	66-04
ADMIN 02 FLEX	66-05
ADMIN 03 FLEX	66-06
ADMIN 04 FLEX	66-07
ADMIN 05 FLEX	66-08
ADMIN PRIOR TO 91	66-10
ADMIN COMPACT 91	66-20
ADMIN COMPACT 92	66-21
ADMIN COMPACT 93	66-22
ADMIN COMPACT 94	66-23
ADMIN COMPACT 95	66-24
ADMIN COMPACT 96	66-25
ADMIN COMPACT 97	66-26
ADMIN COMPACT 98	66-27
ADMIN COMPACT 99	66-28
ADMIN COMPACT 00	66-29
ADMIN MIDSIZE 91	66-30
ADMIN MIDSIZE 92	66-31
ADMIN MIDSIZE 93	66-32
ADMIN MIDSIZE 94	66-33
ADMIN MIDSIZE 95	66-34
ADMIN MIDSIZE 96	66-35
ADMIN MIDSIZE 97	66-36
ADMIN MIDSIZE 98	66-37
ADMIN MIDSIZE 99	66-38
ADMIN MIDSIZE 00	66-39
ADMIN SW/MINIVAN 91	66-40
ADMIN SW/MINIVAN 92	66-41
ADMIN SW/MINIVAN 93	66-42
ADMIN SW/MINIVAN 94	66-43
ADMIN SW/MINIVAN 95	66-44
ADMIN SW/MINIVAN 96	66-45
ADMIN SW/MINIVAN 97	66-46
ADMIN SW/MINIVAN 98	66-47
ADMIN SW/MINIVAN 99	66-48
ADMIN SW/MINIVAN 00	66-49
ADMIN FULL SIZE 91	66-50
ADMIN FULL SIZE 92	66-51
ADMIN FULL SIZE 93	66-52
ADMIN FULL SIZE 94	66-53
ADMIN FULL SIZE 95	66-54
ADMIN FULL SIZE 96	66-55
ADMIN FULL SIZE 97	66-56
ADMIN FULL SIZE 98	66-57

	ADMIN FULL SIZE 99	66-58
	ADMIN FULL SIZE 00	66-59
	ADMIN FULL SIZE 01	66-60
	ADMIN FULL SIZE 03	66-61
	ADMIN FULL SIZE 04	66-62
	ADMIN FULL SIZE 05	66-63
	ADMIN COMPACT 02	66-70
	ADMIN COMPACT 03	66-71
	ADMIN COMPACT 04	66-72
	ADMIN COMPACT 05	66-73
	ADMIN MIDSIZE 01	66-80
	ADMIN MIDSIZE 02	66-81
	ADMIN MIDSIZE 03	66-82
	ADMIN MIDSIZE 04	66-83
	ADMIN MIDSIZE 05	66-84
	ADMIN SW/MINIVAN 01	66-90
	ADMIN SW/MINIVAN 02	66-91
	ADMIN SW/MINIVAN 03	66-92
	ADMIN SW/MINIVAN 04	66-93
	ADMIN SW/MINIVAN 05	66-94
	ADMIN COMPACT EMERY	66-98
	ADMIN FORD VAN EMERY	66-99
BUS	IHC BUS	67-10
	ADMIN MIDSIZE 93 DUAL CNG	68-32
	ADMIN 92 DUAL CNG	68-51
	ADMIN FULL SIZE 93 DUAL CNG	68-52
	ADMIN 98 DUAL CNG	68-53
	ADMIN 99 DUAL CNG	68-54
	ADMIN 00 DUAL CNG	68-55
	ADMIN 02 DUAL CNG	68-56
	ADMIN 03 DUAL CNG	68-57
	ADMIN 04 DUAL CNG	68-58
	ADMIN 05 DUAL CNG	68-59
	ADMIN SW/MINIVAN 94 DED CNG	69-43
MISCELLANEOUS	MISC EXPERIMENTAL	75-10
INSPECTION SERVICE	INSPECTION SVCS 02 FLEX	76-01
	INSPECTION SVCS 03 FLEX	76-03
	INSPECTION SVCS 04 FLEX	76-04
	INSPECTION SVCS 00 FLEX	76-05
	INSPECTION SVCS 01 FLEX	76-07
	INSPECTION SVCS 01 CNG	76-08
	INSPECTION SVCS 05 FLEX	76-09
	INSPECTION SVCS ADMN PRIOR TO 91	76-10
	INSPECTION SVCS ADMN 91	76-20
	INSPECTION SVCS ADMN 92	76-21
	INSPECTION SVCS ADMN 93	76-22
	INSPECTION SVCS ADMN 94	76-23
	INSPECTION SVCS ADMN 95	76-24
	INSPECTION SVCS ADMN 96	76-25
	INSPECTION SVCS ADMN 97	76-26
	INSPECTION SVCS ADMN 98	76-27
	INSPECTION SVCS ADMN 99	76-28
	INSPECTION SVCS ADMN 00	76-29
	INSPECTION SVCS ADMN 01	76-30
	INSPECTION SVCS ADMN 02	76-31
	INSPECTION SVCS ADMN 03	76-32
	INSPECTION SVCS ADMN 04	76-33
	INSPECTION SVCS ADMN 05	76-34
	INSPECTION SVCS SECURITY PRIOR TO 91	78-10
	INSPECTION SVCS SECURITY 91	78-20
	INSPECTION SVCS SECURITY 92	78-21
	INSPECTION SVCS SECURITY 93	78-22
	INSPECTION SVCS SECURITY 94	78-23
	INSPECTION SVCS SECURITY 95	78-24
	INSPECTION SVCS SECURITY 96	78-25
	INSPECTION SVCS SECURITY 97	78-26
	INSPECTION SVCS SECURITY 98	78-27
	INSPECTION SVCS SECURITY 99	78-28
	INSPECTION SVCS SECURITY 00	78-29
	INSPECTION SVCS SECURITY 01	78-30
	INSPECTION SVCS SECURITY 02	78-31
	INSPECTION SVCS SECURITY 03	78-32
	INSPECTION SVCS SECURITY 04	78-33
	INSPECTION SVCS SECURITY 05	78-34
	INSPECTION SVCS LAW ENFORCE PRIOR TO 91	79-10
	INSPECTION SVCS LAW ENFORCE 91	79-20
	INSPECTION SVCS LAW ENFORCE 92	79-21
	INSPECTION SVCS LAW ENFORCE 93	79-22
	INSPECTION SVCS LAW ENFORCE 94	79-23
	INSPECTION SVCS LAW ENFORCE 95	79-24
	INSPECTION SVCS LAW ENFORCE 96	79-25
	INSPECTION SVCS LAW ENFORCE 97	79-26
	INSPECTION SVCS LAW ENFORCE 98	79-27
	INSPECTION SVCS LAW ENFORCE 99	79-28
	INSPECTION SVCS LAW ENFORCE 00	79-29

	INSPECTION SVCS LAW ENFORCE 01	79-30
	INSPECTION SVCS LAW ENFORCE 02	79-31
	INSPECTION SVCS LAW ENFORCE 03	79-32
	INSPECTION SVCS LAW ENFORCE 04	79-33
	INSPECTION SVCS LAW ENFORCE 05	79-34
MISCELLANEOUS	MISC MOBILE SELF-POWERED P.O.	82-10
	MISC MOBILE POST OFFICE TRAILER	82-20
STORAGE - REFERENCE CODES	STORAGE	99-10
	NON-ROAD USE STORAGE TRAILER(TEMP. STORAGE ONLY)	99-20
	SOLD	99-90

Vehicle Path - Enter the code from the following list that best describes the movement of the vehicle immediately preceding the accident.

Item 30:	VEHICLE PATH IMMEDIATELY PRECEDING THE ACCIDENT	CODE
	Straight ahead	01
	Left turn	02
	Right turn	03
	U-turn right	04
	U-turn left	05
	Passing	06
	Being passed	07
	Backing	08
	Slowing	09
	Stopped	10
	Skidding	11
	Jackknifing	12
	Running off road	13
	Pulling to curb/mailbox	14
	Pulling from curb/mailbox	15
	Unattended vehicle moving	16
	Unattended vehicle stopped	17
	Legally parked	18
	Entering curve	19
	Changing lane	20
	Other (<i>Explain in narrative</i>)	47
	Not applicable	49

Item 31:	WERE SEAT BELTS IN USE?	CODE
	1. YES	1
	2. NO	2

Item 32:	ROLL OVER	CODE
	1. WITHOUT COLL.	1
	2. BEFORE COLL.	2
	3. AFTER COLL.	3
	4. NO ROLL-OVER	4

Item 33:	EMPLOYEE EJECTED	CODE
	1. PARTIAL	1
	2. COMPLETE	2
	3. NOT EJECTED	3

Passenger Cars, Jeeps, LLVs, Trucks OR 5 & 7-Ton Trucks & Tractor Trailers

Item 34:	INITIAL AREA OF IMPACT	CODE
Cars, Jeeps, LLVs, Trucks	Cars, Jeeps, LLVs, Trucks - Front end	01
	Cars, Jeeps, LLVs, Trucks - Right front side	02
	Cars, Jeeps, LLVs, Trucks - Left front side	03
	Cars, Jeeps, LLVs, Trucks - Right occupant side	04
	Cars, Jeeps, LLVs, Trucks - Left occupant side	05
	Cars, Jeeps, LLVs, Trucks - Right rear side	06
	Cars, Jeeps, LLVs, Trucks - Left rear side	07
	Cars, Jeeps, LLVs, Trucks - Rear end	08
	Cars, Jeeps, LLVs, Trucks - Top structure	09
	Cars, Jeeps, LLVs, Trucks - Under carriage	10
Trucks / Trailers > 5 Ton	Trucks / Trailers > 5 Ton - Front end	11
	Trucks / Trailers > 5 Ton - Right front end	12
	Trucks / Trailers > 5 Ton - Left front end	13
	Trucks / Trailers > 5 Ton - Right occupant side	14
	Trucks / Trailers > 5 Ton - Left occupant side	15
	Trucks / Trailers > 5 Ton - Right front cargo side	16
	Trucks / Trailers > 5 Ton - Left front cargo side	17
	Trucks / Trailers > 5 Ton - Right rear cargo side	18
	Trucks / Trailers > 5 Ton - Left rear cargo side	19
	Trucks / Trailers > 5 Ton - Rear end	20

Trucks / Trailers > 5 Ton - Top structure	21
Trucks / Trailers > 5 Ton - Under carriage	22
Trucks / Trailers > 5 Ton - Other, regardless of vehicle size (Explain in narrative)	97

Item 35: Reserved

Item 36: Reserved

Total No. of Accident Reports - One form must be submitted for each person injured. See "Multiple Person Accidents", p. 1 of instructions.

Item 37: TOTAL NO. OF ACCIDENT REPORTS

Person Identification No. - 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 38: PERSON IDENTIFICATION NO.

Item 39:	If Vehicle Accident Person Described Here Was:	CODE
	1. PEDESTRIAN	1
	2. DRIVER	2
	3. PASSENGER	3

Item 40: Name - Name of person involved in accident.

Item 41: Age - If the actual age of a non-postal person is unknown, enter an estimated age.

Item 42:	GENDER	CODE
	1. MALE	1
	2. FEMALE	2

Designation and Activity - Enter the 3 digit DES/ACT code for the employee in the space provided. For non-postal, enter one of the codes below:

Item 43:	DESIGNATION AND ACTIVITY
	000 Enter actual 3-Digit DES/ACT Code
	001 Customer or general public
	002 Non-postal Government employee

Injury/Illness Severity - Enter the code from the following list that best describe the type of injury, if any, experienced by the person identified in item 40 of this form.

Item 44:	INJURY/ILLNESS SEVERITY	CODE
	None - No Injury	None
	Traumatic Injury:	
	N - Non Recordable	N
	R6 - Injury involving no lost work days or restricted work activity	R6
	R2 - Injury involves days of restricted work activity	R2
	R23 - Injury involves days away from work	R23
	R1 - Fatality	R1
	R13 - Illness involving no lost work days or restricted work activity	R13
	Occupational Illness:	
	N w - Non work related	N w
	R13 - Illness involving no lost work days or restricted work activity	R13
	R9 - Illness involves days of restricted work activity	R9
	R910 - Illness involves days away from work	R910
	R8 - Illness related to fatality	R8

Non-Postal People

Nature of Most Severe Injury or Illness - Select the code from the following list that best describes the nature of the injury or illness.

Item 45:	NATURE OF MOST SEVERE INJURY OR ILLNESS	CODE
	No injury	00
	Amputation	01
	Removal of eye	02
	Asphyxia/suffocation	03
	Drowning	05
	Bites (<i>animals or insects</i>)	06
	Burns (<i>hot substances</i>)	07
	Burns (<i>chemicals, acids, etc.</i>)	08
	Burns (<i>radiation, sunburn, etc.</i>)	09
	Concussion (<i>or any head blow causing unconsciousness</i>)	10
	Contusion (<i>bruise, crushing - skin intact</i>)	11
	Cuts (<i>open wounds - greater than scratches</i>)	12
	Abrasion/scratch(es)	13
	Dislocation	14
	Electric shock	15

Fractures or breaks	16
Gunshot wounds	18
Heart Attack	20
Ruptured disc	21
Hernia-rupture	22
Strain	23
Sprain	24
Other injury (<i>Explain in narrative</i>)	39
Foreign objects in eye(s)	40
Occupational Stress ----- Falls under: Occupational Illness Codes: 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.	60
Occupational Skin Diseases or Disorders. ----- Examples: Contact dermatitis, eczema, or rash caused by primary irritants, and sensitizers or poisonous plants; oil acne; chrome ulcers; chemical burns or inflammations; etc.	61
Dust Diseases of the Lungs ----- (Pneumoconiosis) Examples: Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis, and other pneumoconiosis.	62
Respiratory Conditions Due to Toxic Agents. ----- Examples: Pneumonitis, pharyngitis, rhinitis or acute congestion due to chemicals, dusts, gases, or fumes; farmer's lungs; etc.	63
Poisoning. ----- (Systematic Effects of Toxic Materials). 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.	64
Disorders Due to Physical Agents. ----- (Other Than Toxic Materials). Example: Heatstroke, sunstroke, heat exhaustor and other effects of environmental heat; freezing, frostbite and effects of exposure to low temperatures; caisson diseases; effects of ionizing radiation (isotopes, X-rays, radium) effects of nonionizing radiation (welding, flash, ultraviolet rays, microwaves, sunburn). etc. Disorders Due to Repeated Trauma. Examples: Synovitis, bursitis, Raynaud's phenomena and other conditions due to repeated motion, vibration or pressure.	65
Tenosynovitis	66
Tendonitis	67
Carpal Tunnel Syndrome	68
Hearing Loss	69
Epicondylitis	70
De Quervains	71
Hand-Arm Vibration Syndrome	72
Other Disorders Due to Repeated Trauma	98
All Other Occupational Illnesses. ----- Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, occidiodomycosis, etc.	99

Part of Body Affected - Select the code from the following list that best describes the body part which was affected by the most severe injury.

Item 46:	PART OF BODY AFFECTED	CODE
	Not applicable	00
Head and Neck	Head and Neck - Ear(s)	01
	Head and Neck - Eye(s)	02
	Head and Neck - Face	03
	Head and Neck - Skull, scalp	04
	Head and Neck - Nose	05
	Head and Neck - Tooth/Teeth/Mouth	06
	Head and Neck - Multiple head injuries (combination from 01-06)	09
Upper Extremities - Arm	Head and Neck - Neck	16
	Upper Extremities - Arm - Upper arm	20
	Upper Extremities - Arm - Elbow	21
	Upper Extremities - Arm - Lower arm	22
	Upper Extremities - Arm - Multiple arm injuries (combination from 20-22)	23
	Upper Extremities - Arm - Wrist	24
	Upper Extremities - Arm - Hand(s)	25
	Upper Extremities - Arm - Finger(s)	26
	Upper Extremities - Arm - Multiple injuries (combination from 01-26)	29
	Trunk	Trunk - Abdomen (include internal organs)
Trunk - Back		32
Trunk - Chest (include ribs, breast bone, and internal organs)		33
Trunk - Hips (include pelvic organs and buttocks)		34
Trunk - Shoulder		35
Trunk - Multiple trunk (combination from 31-35)		39
Lower Extremities - Leg		Lower Extremities - Leg - Thigh
	Lower Extremities - Leg - Knee	41
	Lower Extremities - Leg - Lower leg (above ankle)	42
	Lower Extremities - Leg - Ankle	43
	Lower Extremities - Leg - Foot (not ankle or toes)	44
	Lower Extremities - Leg - Toe(s)	45
	Lower Extremities - Leg - Multiple lower extremities (combination from 40-45)	49
Other Body Parts	Other Body Parts - Multiple parts (more than one major area above)	50
	Other Body Parts - Circulatory system (heart, arteries, veins, etc.)	60
	Other Body Parts - Respiratory system (lungs, etc.)	70
	Other Body Parts - Nervous system/psychological	80
	Other Body Parts - Insufficient information to identify part	99

Unsafe Personal Factors - 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.

Item 47:	UNSAFE PERSONAL FACTORS	CODE
	Not applicable	00
	Didn't see (<i>Explain in narrative</i>)	01
	Didn't hear (<i>Explain in narrative</i>)	02

Failure to comply with rules	03
Operating without authority	05
Using alcoholic beverage	06
Inadequate help for heavy lifting	07
Willful disregard of instructions	09
Using drugs (<i>LSD, heroin, etc.</i>)	10
Horseplay	11
Fatigue	12
Other unsafe personal factor (<i>Explain in narrative</i>)	39
No unsafe personal factor	48

Unsafe Practice - Enter the code that best describes the unsafe practice that was most responsible for the accident and/or injury.

Item 48:	UNSAFE PRACTICE THAT WAS MOST RESPONSIBLE	CODE
Industrial	Industrial - Removing safety devices	01
Industrial	Industrial - Adjusting or cleaning moving equipment	02
Industrial	Industrial - Haste	03
Industrial	Industrial - Removing jam or clearing equipment (without shutting off p	04
Industrial	Industrial - Using defective equipment	05
Industrial	Industrial - Not using protective equipment	06
Industrial	Industrial - Overloading	07
Industrial	Industrial - Unsafe carrying, placing, loading	08
Industrial	Industrial - Throwing material (instead of carrying or passing)	09
Industrial	Industrial - Inattention or distraction (not caused by verifying or fin	10
Industrial	Industrial - Inattention or distraction caused by fingering mail	11
Industrial	Industrial - taking shortcuts	12
Industrial	Industrial - Pulling instead of pushing rolling equipment	13
Industrial	Industrial - Failure to correct known hazard	14
Industrial	Industrial - Failure to follow lockout procedures	15
Industrial	Industrial - Jumping from moving vehicle	20
Motor Vehicles	Motor Vehicles - Stopping vehicle with parking brake instead of foot brake	21
Motor Vehicles	Motor Vehicles - Driving too fast for conditions	22
Motor Vehicles	Motor Vehicles - Driving in wrong lane	23
Motor Vehicles	Motor Vehicles - Passing in unsafe area	24
Motor Vehicles	Motor Vehicles - Running changing traffic light	25
Motor Vehicles	Motor Vehicles - Following too closely	26
Motor Vehicles	Motor Vehicles - Operating without eye glasses when required	27
Motor Vehicles	Motor Vehicles - Exceeding speed limit	28
Motor Vehicles	Motor Vehicles - Seat passenger	30
Failure To	Failure To - Use safety belts	31
Failure To	Failure To - Check or adjust mirrors	32
Failure To	Failure To - Give proper signal	33
Failure To	Failure To - Check clearance	34
Failure To	Failure To - Yield right-of-way	35
Failure To	Failure To - Close vehicle door	36
Failure To	Failure To - Observe traffic sign or signals	37
Failure To	Failure To - Set handbrake	38
Failure To	Failure To - Keep both hands on wheel	39
Failure To	Failure To - Placing of mail (on seat, tray, etc.)	40
Industrial and Motor Vehicle	Industrial and Motor Vehicle - Securing of load	41
Improper	Improper - Starting and stopping	42
Improper	Improper - Backing	43
Improper	Improper - Parking	44
Improper	Improper - Turns	45
Improper	Improper - Lane changes	46
Improper	Improper - Use of equipment or materials	47
Improper	Improper - Verifying or fingering mail (while walking up or down stairs)	48
Improper	Improper - Lifting	49
Improper	Improper - Use of rest bars	50
	- Other unsafe practices (Explain in narrative)	87
	- No unsafe practice	88

Social Security Number - Enter the employee's social security number. For non-postal persons enter all 9's.

Item 49:	SOCIAL SECURITY NUMBER
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Overtime status can usually be determined if employee worked more than 8 hours that day, or is working his/hers off day, or worked more than 5 days in a row.

Item 50	WAS EMPLOYEE ON OVERTIME STATUS	CODE
	1. YES	1
	2. NO	2

Postal Service - 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 51a:	YEARS OF POSTAL SERVICE EXPERIENCE
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Postal Service - 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 51b:	MONTHS OF POSTAL SERVICE EXPERIENCE
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Hours of Safety Training - Enter hours of safety training employee received within the last five years as recorded on PS Form 2548 - or other available records.

Item 52:	Hours of Safety Training
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Enter the Number of prior Vehicle Accident

Item 53a: FIVE YEAR POSTAL ACCIDENT RECORD

Enter the Number of prior Incident.

Item 53b: FIVE YEAR POSTAL INCIDENT RECORD

Pay Location - Enter the pay location of the employee at the time of the accident. If not applicable enter "000".

Item 54: PAY LOCATION OR "000"

LDC/FON Code - Enter the LDC Code of the employee at the time of the accident. If not applicable enter "00". (If you do not know the LDC Code, consult your timekeeper.) NOTE: 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.

Item 55: LDC/FON CODE

Items 56: Self-explanatory.

Items 57: Self-explanatory.

Items 58: Self-explanatory.

Items 59: Self-explanatory.

Is a JSA (PS Form 1783, On-the-Job Safety Review/Analysis) On File? - Indicate whether an analysis is on file for the job task being performed at the time of accident or injury.

Item 60: IS A JSA ON FILE? CODE

- 1. YES 1
- 2. NO 2

Preventive Action Code - 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.

Item 61: PREVENTIVE ACTION CODE CODE

- Provide training/instruction to ensure that employee understands established job procedures and will recognize similar hazards or unsafe practices in the future. 01
- Establish proper job procedures for task to be performed. 02
- Simplify established job procedures if complex or unclear 04
- Ensure that employee has skill or knowledge to perform task. 05
- Motivate employee to properly perform task. 06
- Initiate work order. 07
- Provide adequate hazard warning signs or notices. 08
- Initiate action to determine if employee meets physical requirements of the job. 09
- Formal discipline proposed. 10
- Ensure adequate supervision 11
- Initiate action to improve/correct/repair equipment or layout design. 12
- Initiate action to improve/correct equipment maintenance procedures of housekeeping. 13
- Ensure availability of and/or provide proper protective equipment materials, or tools. 14
- Other (Explain in narrative) 15
- Notify animal control authorities 16
- Not applicable. 99

Item 62: OSHA Recordability code Based on Medical Treatment CODE

- N (Non Recordable) - 1904.5 (b)(2) :** 2
- 1904.5 (b)(2)(i) Present as a member of the general public. 3
- 1904.5 (b)(2)(ii) Casual Relationship - Symptoms appear at work but nor work related. 4
- 1904.5 (b)(2)(iii) Voluntary Participation in unrelated program or event. 5
- 1904.5 (b)(2)(iv) Eating, Drinking or Preparing food for personal consumption. 6
- 1904.5 (b)(2)(v) Personal task outside work hours. 7
- 1904.5 (b)(2)(vi) Personal grooming, medicating or self-inflicted. 8
- 1904.5 (b)(2)(vii) Motor vehicle accident in parking lot. 9
- 1904.5 (b)(2)(viii) Common cold, flu or other contagious disease unless exposed at work. 10
- 1904.5 (b)(2)(ix) Stress not diagnosed by an appropriate licensed health care professional. 11
- R (Recordable) 1904.7 (b)(1)** 12
- 1904.7 (b)(1)(1) Death 13
- 1904.7 (b)(1)(3) Days away from work. 14
- 1904.7 (b)(1)(4) Restricted work/job transfer 15
- 1904.7 (b)(1)(5) Medical beyond first aid. 16
- 1904.7 (b)(1)(6) Loss of consciousness. 17
- 1904.7 (b)(1)(7) Significant injury/illness diagnosed by a licensed health care professional 18
- Other USPS** 19
- Rural Carrier Portal to Portal 20
- Employee declines medical treatment at this time 21

END OF ITEM LISTING

Instructions for Narrative

Compare the narrative first and provide information listed below. This will make it easier to select the proper codes

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 the hazard and if so, describe exactly what the employee was doing at that time. Describe the employee and 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.

Hospital/Physician Information

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.

Hazardous Conditions, and/or Equipment, Materials, etc.

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.

Vehicle Diagram

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.

Preventive Action Blank Info Instructions

Type your preventive action here. Just click in this cell and start typing. Do NOT push <ENTER> or <RETURN> until you are finished with the whole narrative. The text you type will wrap automatically. If you want to correct it, go back to this cell and push <F2>, (the second <F> key above the number keys).

Narrative Blank Info Instructions

Type your Narrative here. Just click in this cell and start typing. Do NOT push <ENTER> or <RETURN> until you are finished with the whole narrative. The text you type will wrap automatically. If you want to correct it, go back to this cell and push <F2>, (the second <F> key above the number keys).

OSHA's Form 301

Injuries and Illnesses Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the Log of Work-Related Injuries and Illnesses and the accompanying Summary, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by	<input type="text"/>
Title	<input type="text"/>
Phone	<input type="text"/>
Date	<input type="text"/>

Information about the employee

- Full Name
- Street
City State Zip
- Date of birth
- Date hired
- Male Female

Information about the physician or other health care professional

- Name of physician or other health care professional
- If treatment was given away from the worksite, where was it given?
Facility
Street
City State Zip
- Was employee treated in an emergency room?
 Yes No
- Was employee hospitalized overnight as an in-patient?
 Yes No

Information about the case

- Case number from the Log (Transfer the case number from the Log after you record the case.)
- Date of injury or illness
- Time employee began work AM/PM
- Time of event AM/PM Check if time can not be determined
- What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- If the employee died, when did death occur?** Date of death

Electronic PS-Form 1769 Worksheet, U.S. Postal Service Accident Report Fascimile Worksheet:

Use this worksheet to document an accident or injury involving a postal employee. If adverse corrective action is indicated in items 61 or 62, that may result in a grievance, it is recommended the information be transferred over to the official PS-Form 1769 to avoid any issues concerning authorized reports.

All accident reports must be submitted to the District Safety Office **within 24 hours** of notification but **no later than 7 days**.

If the accident date is different than the date of notification indicate this in the first line of the narrative, i.e., "On (date) (employee) notified me of an alleged accident that occurred on (date of accident)"

1. Save the original blank PS Form 1769 to your local hard drive as; PS Form 1769 blank, Version3.
2. In the event of an accident complete both the 1st and 2nd pages of the accident report.
3. If injury, complete the 301 as well.
4. If vehicle accident, complete the vehicle diagrams at the bottom of the 2nd page. Click, hold and drop to move or rotate objects.
5. If recordable, enter the injury/illness onto the local OSHA 300 log.
6. Follow Local District Safety Office instructions for submittal.

Special Coding Instructions:

- Blocks # 3 and # 4 will be completed by the District Safety Office
- DO NOT put "N/A" in any of the boxes. (Note: some boxes require entry of 2 numbers while others only single digit).
- Select the code in item 44 that best describes the employee's duty status.
- Note the duty status selection in item 44 now appears on page two and requires further explanation.
- Select the appropriate OSHA recordability code from the drop down box on the 2nd page, item # 65 "OSHA Recordability Rationale"
- Input additional information further explaining the employee current duty status.

What Happens Next?

- Once submitted the Safety Office will review the report for accuracy.
- Any corrections will be done in "RED"
- Once complete the safety office will input the accident into the National Accident Reporting System (NARS)
- The corrected copy will be sent back to the installation head.
- The report is to be printed, signed and retained locally

Local District instructions can be typed below this line:

Submit all electronic 1769s to the address below:

Do not Fax but E-Mail the electronic 1769s to: