

DETAILED REPORT

Name : Industrial Accident
Date : Nov-06-2023 09:30:00
Created by : AARON COONCE - 3305062

Industrial Accident

SCOPE

Facility CORNING

IDENTIFICATION

Event Title Industrial Accident
Type Accident
Event ID CORNING-Accident-244718
Event Date (Local Time) Nov-06-2023 12:30
Reported Date (Local Time) Nov-06-2023 12:30

DETAILS

Classification Health & Safety
Status In Progress
Severity Serious
Business Unit Notification
External Agency Notification No
High Learning Value Event No

LOCATION

Departments
Specific Area

ORIGIN

Reported by 04398337 KEHM LISA C

DESCRIPTION

Report On 11/6/23 at approx. 12:30, window clerk was walking down the steps to check collection can for a customer when she slipped and fell on her tail bone and twisted her back at the same time

INITIAL INVESTIGATION RESULTS

Comments
Outside Factors

FINANCIAL LOSSES

Estimated 0 USD
Real 0 USD

DAYS LOST

Estimated Restricted Days 0
Estimated Lost Days 0
Real Restricted Days 0
Real Lost Days 3

NUMBER OF IMPACTS

Impacts Count 1
Victims Count 1

Injury

IDENTIFICATION

Title Injury

CLASSIFICATION

Type Real

Nature Injury / Illness

Consequence Lost Time

PERSON INVOLVED

Employee ID 04398337 KEHM LISA C

First Name LISA

Last Name KEHM

Supervisor

HUMAN IMPACT DETAILS

Human Impact Type Injury

Type

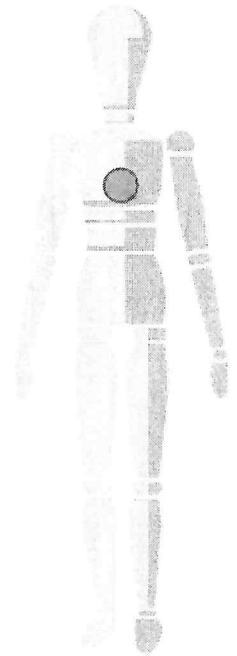
Primary Cause Slip/Trip/Falls

Clarification Injured lumbar

Medical Treatment Yes

Treatment Type

Medical Treatment Yes



(Right)

(Left)

+ DETAILS

RESTRICTED AND LOST DAY(S)

0

0

0

3

FINANCIAL LOSSES

Estimated

Real

Local Leadership Notification - 11/07/23 03:30

AGENCY NOTIFICATION

Agency Notified Local Leadership Notification

Date Nov-07-2023 03:30

Contact Name Aaron Coonce

Contact Phone 530-586-5031

Contact Email Aaron.w.Coonce@usps.gov

RELATED RECORDS

Impact(s)

INVESTIGATION

Name 244718 - AARON COONCE - 3305062

Initial Due Date Nov-08-2023

Revised Due Date Nov-08-2023

Status In Progress

Description investigating the slip and fall on the stairs

Person Responsible 03305062 COONCE AARON W

Team 04633731 GRUNDY KEELY RAE

Conclusion

INVESTIGATION

Name 244718 - AARON COONCE - 3305062

Initial Due Date Nov-09-2023

Revised Due Date Nov-09-2023

Status Scheduled

Description Clerk went outside to help a customer and slip on steps , faling on tail bone and twisting back

Person Responsible 03305062 COONCE AARON W

Team 04633731 GRUNDY KEELY RAE

Conclusion

STATEMENT

Related Investigation(s) 244718 - AARON COONCE - 3305062, 244718 - AARON COONCE - 3305062

Reported By 04398337 KEHM LISA C

Statement Date Nov-17-2023

Statement Statement from Lisa Kehm

STATEMENT

Related Investigation(s) 244718 - AARON COONCE - 3305062, 244718 - AARON COONCE - 3305062

Reported By 99999999 Non Postal Non Postal

Statement Date Nov-17-2023

Statement Statement from a customer Karen jones

STATEMENT

Related Investigation(s) 244718 - AARON COONCE - 3305062, 244718 - AARON COONCE - 3305062

Reported By 04633731 GRUNDY KEELY RAE

Statement Date Nov-17-2023

Statement Keely Grundy statement

EVIDENCE

Related Investigation(s) 244718 - AARON COONCE - 3305062, 244718 - AARON COONCE - 3305062

Evidence Photo

Evidence Date Nov-07-2023

Evidence Description

Format Photograph

Reference

Document



EVIDENCE

Related Investigation(s) 244718 - AARON COONCE - 3305062, 244718 - AARON COONCE - 3305062

Evidence Photo

Evidence Date Nov-07-2023

Evidence Description

Format Photograph

Reference

Document



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Evidence Photo

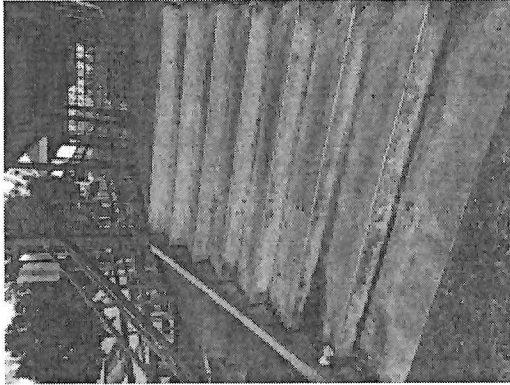
Evidence Date Nov-07-2023

Evidence Description

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Evidence Photo

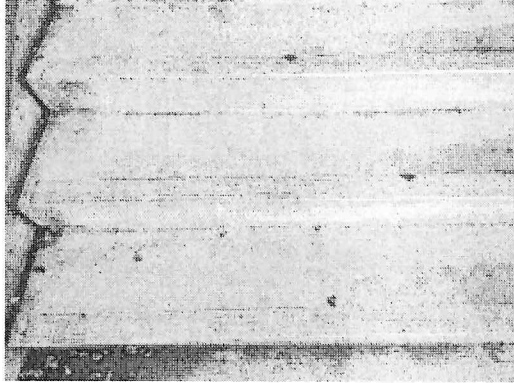
Evidence Date Nov-07-2023

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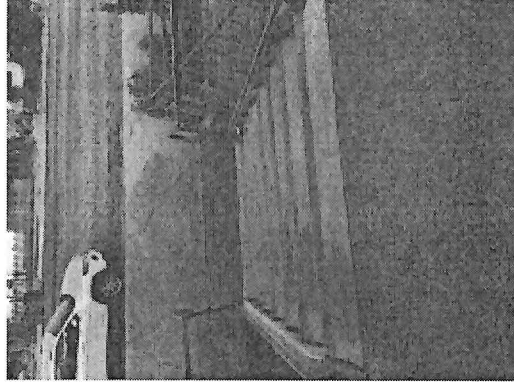
Evidence Date Nov-07-2023

Evidence Description

Format Photograph

Reference

Document



5 WHY

CAUSE

Related Investigation(s) 244718 - AARON COONCE - 3305062

Primary Cause Haste

Root Cause Not Following Process / Using Short Cut

Previous Accident History

Coonce, Aaron W - Redding, CA

From: Grundy, Keely R - Corning, CA
Sent: Thursday, November 16, 2023 9:46 AM
To: Coonce, Aaron W - Redding, CA
Subject: Lisa Kehm

To whom it may concern,

On November 6th around Noon I was told two customers would like to speak to me. I went to the front and two regulars said they witnessed clerk Lisa Kehm fall on the stairs out front of the building. They said she slipped on a step and landed on her buttox on the next step. I asked Lisa if she was ok or needed to be seen and she said "I am fine." I then contacted Postmaster, Aaron Coonce.

Sincerely,

Keely Grundy
1217 Yolo St.
Corning CA 96021
(530) 824-9436

To whom it may concern:

On Monday, November 6, 2023, at approximately 12:30 PM, I was working the window while the other clerk was on her lunch break. A customer approach the counter and informed me that she dropped a letter in the outgoing (NBU) and she was afraid she forgot to put a stamp on it and asked if I could check for her. I looked to see if there was anyone else available to assist her, but there was no one. I finished what I was doing and grabbed the collection keys. As I began walking down the stairs, I slipped and fell landing at the bottom (approximately 10 steps in total). A lady who had witnessed me fall, helped me up and asked if I was ok? She appeared very upset by what had just happened to me and requested to speak to a supervisor. She stated that she had spoken to a supervisor in the past about her own concerns regarding the stairs. I walked her into the post office and went to Keely as she was the only other person that was on site at the time. I told her what had happened and asked her to speak to the lady who had helped me up as she wanted to speak to a supervisor. (Keely often was our acting 204B) Keely and the customer walked outside to talk. I went back up to the window and informed the customer who had asked me to check the box that we would check the NBU as soon as we could to verify whether or not she had put a stamp on her letter and then I continued to help my customers.

Office name Corning PO
POC for accident Aaron Coonce
POC contact number/ 530 586-5031 aaron.w.coonce@usps.gov
Name of employee reporting accident Lisa Kehm 04398337
Employee craft:FTR
Enter on duty date 06/27/2015
Accident history 0
Last IMSOT – any negative findings? Yes
Date accident occurred 11/6/2023
Date accident reported 11/6/2023
Accident type (IND)
Any injuries/property damage Injuries/ Yes Back and butt / property damage no
Brief description of accident
Clerk walking down steps to check collection can slipped and fell on her butt twisting at the same time
Hurt back and butt

SMHT will be entered date- 11/7/2023
SMHT entered by Postmaster Aaron Coonce
Pictures/reenactment Sent to Paul.

**FOR EMPLOYEES INJURED ON DUTY WHO DO NOT
WANT TO FILE A CA-1 OR SEEK MEDICAL ATTENTION**

PLEASE CHECK APPROPRIATE STATEMENT(S);

 I WAS NOT INJURED IN ANY WAY.

 I WAS INJURED BUT DO NOT WANT TO SEEK
MEDICAL ATTENTION AT THIS TIME.

 I WAS INJURED BUT DO NOT WANT TO FILE A CA-1
AT THIS TIME.

FOR THE "ON THE JOB" INJURY INCURRED BY ME ON
_____ (DATE)

PRINTED NAME OF EMPLOYEE Lisa Helms

SIGNATURE OF EMPLOYEE [Signature]

DATE 11-6-23

PRINTED NAME OF SUPERVISOR ARON Coome

SIGNATURE OF SUPERVISOR [Signature]

DATE 10/6/23

FACILITY Corning Ca TOUR _____

REPORTING SUPERVISOR: MAKE COPY OF THIS NOTICE
FOR EMPLOYEE, **INITIATE 1769 AND SUBMIT ALL
SUPPORTING DOCUMENTS TO SAFETY OFFICE.**



Offer of Modified Assignment (Limited Duty)

Section I - Employee Information

Employee Name (Last, first, MI) Lisa Kehm	EIN 04398337	Date of Offer 11/15/2023
Employee Position Title (Permanent) SSA/DIST.	OCC Code 23102009	Pay Location 000
Office/Work Location (Name) CORNING 051788	OWCP Claim # 5504642333	Date of Injury 11/6/2023

Section II - Modified Assignment Offer

This letter is written confirmation of a modified assignment offer related to the above referenced on-the-job injury.

Work Hours 0500-1400	Scheduled Days Off SAT-SUN	Location CORNING	Effective/Available Date 11/15/2023
Assignment Title SSA/DIST	Level/Step 6	Salary	

The duties of this modified assignment are: <small>(It is not acceptable to use other duties as assigned)</small>	Avg. Time Spent	LDC/OPN
<input type="checkbox"/> <u>DIST</u>	<u>2.30 HR</u>	<u>1610/1720</u>
<input type="checkbox"/> <u>BOX SECTION</u>	<u>2.00 HR</u>	<u>7690</u>
<input type="checkbox"/> <u>WINDOW CLERK</u>	<u>2.00 HR</u>	<u>3550</u>
<input type="checkbox"/> <u>CLERK DUTIES UBBM, PARS, RFS</u>	<u>0.30</u>	<u>7420</u>

(Provide attachment if additional space is necessary.)

The physical requirements of this modified assignment are:	Avg. Time Spent
<input type="checkbox"/> <u>LIFTING ,BENDING/ no more than 5 pounds</u>	<u>NA</u>
<input type="checkbox"/> <u>STANDING WALKING / no more than 5 pounds</u>	<u>NA</u>
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

(Provide attachment if additional space is necessary.)

Section III - Agreement and Signatures

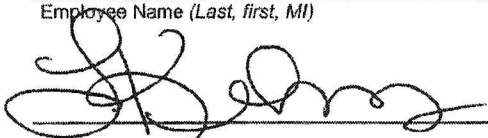
Supervisor/manager should discuss this Offer of Modified Assignment (Limited Duty) and the duties of the assignment with the employee. If the employee has concerns (e.g., task, work location, or medical limitations) not addressed with this Offer of Modified Assignment (Limited Duty), the supervisor/manager should discuss the concerns with the employee and, if possible, suggest alternatives. If the employee raises additional medical issues such as a disability or seeks a reasonable accommodation, the supervisor/manager, must engage in an interactive discussion with the employee (see Handbook EL-307, Reasonable Accommodation, An Interactive Process, for specific guidance). These discussions must be documented on page 2, Section IV of this form.

Name of Supervisor/Manager Completing this Form (Please print) Aaron Coonce	Office CORNING 051788
Supervisor/Manager Signature 	Date Signed 11/16/2023
	Telephone Number (Include area code) (530) 586-5031

I accept/ I refuse the modified assignment offer. (Explain) _____

Please read the reverse of this form to obtain additional information relating to this modified assignment and to review our privacy statement.

Employee Signature 	Date Signed 11-16-23
------------------------	--------------------------------

Employee Name (Last, first, MI) 	EIN 84398337	Date of Offer 11-16-23
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Employee Information - Offer of Modified Assignment (Limited Duty)

This assignment will remain within the physical restrictions furnished by your treating physician. You are advised not to exceed these restrictions. This assignment is currently available and is subject to revision based on changes in your physical restrictions and/or the availability of adequate work. If a revision is necessary, you will be given a revised written modified assignment. Indicate your decision in the appropriate box located at the bottom of the assignment offer. If you refuse this modified assignment offer, the Office of Workers' Compensation Programs (OWCP) will be advised for whatever action they deem appropriate.

This modified assignment offer has been prepared and is offered to you in accordance with guidelines outlined in the *Employee and Labor Relations Manual*, Part 540, and 20 CFR Part 10. If you have any questions regarding this matter, please contact your designated Health and Resource Management Control Office.

Privacy Act Statement:

Your information will be used to offer a modified assignment. Collection is authorized by 39 U.S.C. 401, 410, 1001, 1005, and 1206.

Providing the information is voluntary, but if not provided, we may not process this modified assignment offer. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the US Postal Service (USPS) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel; to your private treating physician and to medical personnel retained by the USPS to provide medical services in connection with your health or physical condition related to employment.

IV. Documentation

11-17-2023

To: USPS

From: Karen Jones
P.O. 225

Corning, Ca 96021

On November 6, 2023 I saw an employee of the Corning Postal Service fall as she walked down the steps coming out of the building. She slipped on wet leaves and went down on her right side. As she went down I observed her grabbing the right rail to hold her back.

Any further questions please feel free to contact me.

Karen Jones