

# BRANCH 2184 INJURY REPORT

The following information should be completed by a steward or other authorized Branch 2184 representative for EACH traumatic on-the-job injury (OWCP Form CA-1) that is reported to the Union in every station. Management is REQUIRED to notify the Union of every reported letter carrier injury, per Item 22, section 3(d) of the Branch 2184 Local Memorandum of Understanding (LMOU).

Please bring or fax completed Injury Reports to the Branch 2184 Office.

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Letter Carrier Name and Office/Installation:

Fulltime Career Regular or CCA? If CCA, for how long?

Date, Time, and Place of Injury (where did it occur)?

Who in Management was notified?

When was the Union notified?

Nature of the Injury:

Was OWCP Form CA-1 immediately Provided?

Who completed the CA-1?

Was a copy of the CA-1 and/or the attached receipt provided to the injured Carrier?

Did management explain all rights and responsibilities to the injured carrier, i.e. Continuation of Pay, right to treating physician of choosing, etc?

If medical treatment/evaluation occurred, was OWCP Form CA-16 provided to the injured Carrier?

Was carrier allowed to go to chosen physician (if available)?

Has work loss occurred? If so, how was the first three (3) days covered?

If work loss has exceeded three (3) calendar days, has Continuation of Pay (COP) begun? If not, why?

If work loss has reached fifteen (15) calendar days, has the first three days been converted to Continuation of Pay (COP)?

Has management engaged in any threats or intimidating/obstructing actions toward the injured Carrier?

Has management done an "investigative interview" with the injured Carrier or issued/threatened to issue retaliatory disciplinary action?

Additional Comments/Information: