



Town of Severance - Safety Rule Violation

Employee Name: ANDY THIELE Date: 03-09-2020

Type of Violation:
TRAFFIC VIOLATION - IMPROPER LEFT TURN

Result of Violation:
TRAFFIC COLLISION

Disciplinary Action:
NOTE ON EVALUATION

I, (print name) ANDY THIELE, have read/been read and understand the safety rules of Town of Severance. I agree to act in accordance with the safety rules at all times while working and understand that the violation of any rule could result in disciplinary action, up to and including termination of employment.

Employee Signature: [Signature] Date: 3/12/20
Supervisor Signature: [Signature] Date: 12 MAR 20

Workers' compensation benefits, by law, can be reduced by 50 percent if a work-related injury or illness is a result of a safety rule violation. Additionally, any future safety rule violations may result in suspension without pay and/or termination.

File original in employee's personnel file, with a duplicate given to employee.

Inception date: 3/2019
Revision date:



Job Hazard Analysis Form:

Job Title: POLICE OFFICER	Job Location: N/A
Task # N/A	Task Description: N/A
Hazard Type: OTHER VEHICLES	Hazard Description: OTHER MOTOR VEHICLES TRAVELING NEAR EMPLOYEE
Consequence: VEHICLE ACCIDENT	Hazard Controls:
Rationale or Comment: THIS WAS A TRAFFIC ACCIDENT DUE TO SUNGLARE . WAS A PREVENTABLE EVENT	

SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION REPORT



1. Entity Name TOWN OF SEVERANCE	2. Date of Loss 03-09-2020	3. Time 6:22	AM <input checked="" type="radio"/> PM
4. Name: Employee, Vehicle, Building, Etc. THEELE, ANDY 2014 FORD EXPLORER (INTERCEPT)			
5. Department/Shift: POLICE/DAYS	6. Location of Accident/Incident 1171 E. MULBERRY FT COLLINS CO	7. New Employee Equipment or Operation? Yes <input type="radio"/> No <input checked="" type="radio"/>	

8. Type of Accident Incident (Check All That Apply)

<input type="checkbox"/> Near miss	<input type="checkbox"/> Fire/explosion	<input type="checkbox"/> Potential hazard
<input type="checkbox"/> Property damage	<input type="checkbox"/> Employee injury/illness	<input type="checkbox"/> Entity premises incident
<input type="checkbox"/> Equipment damage	<input checked="" type="checkbox"/> Vehicular accident	<input type="checkbox"/> Other

9. If the incident involves damage to non-entity property or injury to persons who are not entity employees, contact your Risk Manager, internal Claims Contact or Entity Attorney before completing this form.

10. Describe what took place or what caused you to make this investigation. Get all the facts by studying the hazard or situation involved.

SEE ATTACHED ACCIDENT REPORT

Ask the following questions:

Who? _____ What? _____ When? _____ Where? _____ How? _____ Why? _____

11. What should be done to prevent a reoccurrence?

ATTENTION DURING LIMITED VISIBILITY DRIVING

Circle the following items that require additional attention:

Admin./Mgt.	Environment	Equipment	Material	People
Policies	Weather	Selection	Selection	Selection
Procedures	Housekeeping	Arrangement	Placement	Placement
Scheduling	Temperature	Use	Handling	Training
Purchasing	Noise	Maintenance	Process	Coaching
Logistics	Light	Availability	Availability	
	Toxic/Hazardous Material	Convenient		
		Appropriate		

12. What actions have been taken? EMPHASIS ON DRIVING DURING LOW VISIBILITY

Take or recommend action consistent with your authority.

13. How will corrective actions improve conditions or behavior? NO CORRECTIVE ACTION AT THIS TIME

14. Investigated By R REED	Title INTERIM CHIEF ANNAEW	Date	15. Reviewed By	Title	Date
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April 2, 2020

Ms. Jordan Coley, LRI
Franklin D. Azar & Associates, P.C.
14426 East Evans Avenue
Aurora, CO 80014

RE: Claim No.: PC6011051-1
Member: Town of Severance
Claimant: Jazmin Rodriguez
Date of Loss: 3/9/20
Client No.: 348503

Dear Ms. Coley:

Dear Attorney:

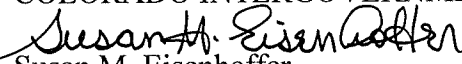
This letter is in response to your recent request for disclosure of automobile liability insurance information as set forth in C.R.S. § 10-3-1117.

The Colorado Intergovernmental Risk Sharing Agency (CIRSA) is a public entity self-insurance pool formed pursuant to Colorado law. Only Colorado municipalities and their affiliated public entities are eligible for CIRSA membership. As a public entity self-insurance pool, CIRSA is not an insurance company and not an insurer for the purposes of C.R.S. § 10-3-1117. *See, e.g., City of Arvada v. Colorado Intergovernmental Risk Sharing Agency*, 19 P.3d 10 (Colo. 2001). As such, it is our position that C.R.S. § 10-3-1117 does not apply to CIRSA.

Notwithstanding the above, this is to advise you that the CIRSA coverage document sets forth a \$5,000,000 limit for automobile liability coverage subject to sublimits for all claims subject to the Colorado Governmental Immunity Act (CGIA). Specifically, the sublimits of coverage for claims which are subject to the CGIA are \$387,000 for injury to any one person in any single occurrence and \$1,093,000 for injury to two or persons in any single occurrence (except that, in such instance, no person may recover in excess of \$387,000), consistent with the caps on damages that are set forth in C.R.S. § 24-10-114.

Thank you in advance for your attention to this matter.

Sincerely,
COLORADO INTERGOVERNMENTAL RISK SHARING AGENCY


Susan M. Eisenhoffer
Sr. P/C Claims Representative

Cc: Mr. Nicholas Wharton, Town of Severance





Franklin D. Azar & Associates, P.C.

14426 East Evans Avenue
Aurora, CO 80014
(303) 757-3300 Fax (303) 759-5203

March 23, 2020

VIA CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Greg Bell, Town Attorney
Town of Severance
3 S. Timber Ridge Parkway
Severance, CO 80550

NOTICE OF CLAIM

Notice is hereby given of the following claim:

- A. The name and address of the Claimant is:

Jazmine Rodriguez



- B. The name and address of the Claimant's attorney is:

Franklin D. Azar & Associates, P.C.
14426 East Evans Avenue
Aurora, Colorado 80014
(303) 757-3300

- C. The basis of the claim is:

On or about March 9, 2020, at approximately 7:22 p.m., the claimant was operating her motor vehicle eastbound on Frontage Road S along side Mulberry Street, City of Fort Collins, County of Larimer, State of Colorado. A motor vehicle owned by the Town of Severance and operated by Officer Andrew Thiele (last name is not clear on the police report), was traveling westbound on Frontage Road S turning into the Breeze car wash. The Town of Severance vehicle failed to yield the right of way when making a left hand turn over the claimant's lane of travel and impacted the rear driver's side of the claimant's vehicle. The incident was caused in whole or in part by the careless and negligent operation by the Town of Severance employee, Officer Andrew Thiele. The Town of Severance's patrol car was operated by Officer Andrew Thiele of the Town of Severance in the course and scope of his employment. As a result of the said incident, the



Franklin D. Azar & Associates, P.C.

14426 East Evans Avenue
Aurora, CO 80014
(303) 757-3300 Fax (303) 759-5203

claimant sustained personal injuries and property damage. A copy of the State of Colorado Traffic Accident Report dated March 9, 2020 is attached for your review.

D. The names of the public employees involved are:

Andrew Thiele (last name is not clear on the police report)

E. Claimant has suffered injuries to her head, neck, back, shoulders and other and further related injuries.

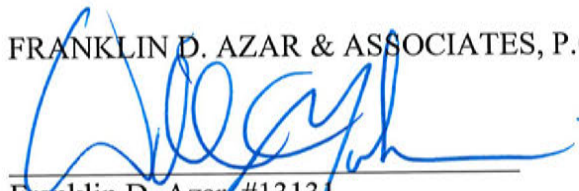
F. The Claimant will seek damages to compensate her for the cost of medical treatment, prescriptions, and therapy for the severe pain and suffering resulting from the subject accident, loss of enjoyment of life, loss of earnings, and loss of property.

G. The approximate amount of Claimant's injuries are anticipated to be in excess of \$350,000.00.

Dated this 23rd day of March 23, 2020.

Very truly yours,

FRANKLIN D. AZAR & ASSOCIATES, P.C.



Franklin D. Azar, #13131
Jordan S. Coley, #52152
14426 East Evans Avenue
Aurora, Colorado 80014
(303) 757-3300
ATTORNEYS FOR CLAIMANT



Franklin D. Azar & Associates, P.C.

14426 East Evans Avenue
Aurora, CO 80014
(303) 757-3300 Fax (303) 759-5203

CERTIFICATE OF MAILING

I hereby certify that on the 23rd day of March, 2020, I deposited in the United States Mail, postage prepaid, certified mail/return receipt requested, a true and correct copy of the foregoing to:

Greg Bell, Town Attorney
Town of Severance
3 S. Timber Ridge Parkway
Severance, CO 80550

Lauren Paul



Franklin D. Azar & Associates, P.C.

14426 East Evans Avenue
Aurora, CO 80014
(303) 757-3300 Fax (303) 759-5203

ATTACH CERTIFIED RECEIPTS and RETURN RECEIPTS TO THIS PAGE (DO NOT
STAPLE)

Greg Bell, Town Attorney
Town of Severance
3 S. Timber Ridge Parkway
Severance, CO 80550



LexisNexis®

For Customer Support refer to the appropriate platform below:

OrderPoint

800-934-9698

Orderpoint.support@lexisnexis.com

Accurint for Insurance

866-277-8407

Accurint.support@lexisnexis.com

Lexis.com

Law Firm accounts

800-543-6862

PAGE COUNT: 3

CLIENT : AFL5074118
DIVISION : XRFACC5074118
ADJUSTER : GERONIMO7
CLAIM : 348503

TRANSACTION # : 994832361
DATE : 03/20/2020

DATE OF LOSS : 03/09/2020 TIME OF LOSS :
STREET : MULBERRY
CITY : FORT COLLINS
COUNTY :
STATE : CO

INVESTIGATING AGENCY : FT. COLLINS PD
REPORT NUMBER : 20-3559
REPORT TYPE : Auto Accident
PARTY 1 : JAZMINE RODRIGUEZ
PARTY 2 :
PARTY 3 :

CAR : MAKE : YEAR :
 TAG :

DRIVER LICENSE :
ADDITIONAL INFO :



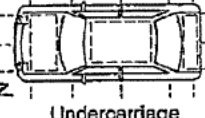
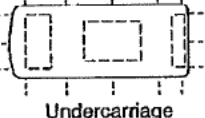
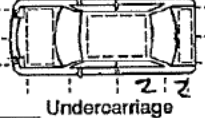
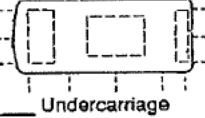
POLICY #:
POLICY STATE:
LOSS KIND:

NOTE :

THANK YOU FOR YOUR ORDER!

STATE OF COLORADO TRAFFIC ACCIDENT REPORT

AMENDED/SUPL. UNDER \$1,000 COUNTER REPORT PRIVATE PROPERTY PAGE 1 OF 2 PAGES

GDOT Code	<input type="checkbox"/> INTERSTATE HWY <input type="checkbox"/> STATE HWY <input type="checkbox"/> CITY ST/CNTY RD	HWY NUMBER [] [] []	MILEPOINT [] [] [] [] []	DOR Code		9 5					
Case # 20-3559	Date of Accident 3/9/2020	City Ft Collins	Agency Ft Collins Police	County Larimer	County # 6						
Time (24 Hr.) 1822	Officer Number 216	Officer Name Carter	Signature 	Detail T		5 1					
Number Killed 0	Number Injured 0	Location Route, Street, Road 1171 E Mulberry	Miles [] Feet []	At: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF:							
Date of Report 3-9-2020	Latitude	Longitude									
Agency Code	Investigated @ Scene <input checked="" type="checkbox"/>	Total Vehicles 2	District Number 10	Public Property/Employee <input type="checkbox"/>	Photos Taken <input type="checkbox"/>	Railroad Crossing <input type="checkbox"/>					
Const. Zone <input type="checkbox"/>	Highway Interchg. <input type="checkbox"/>	Bridge <input type="checkbox"/>				5 4					
Traffic Unit # 1 or 2 <input checked="" type="checkbox"/>	<input type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh.	Traffic Unit # 2 or 3 <input checked="" type="checkbox"/>	<input type="checkbox"/> Veh. <input type="checkbox"/> Parked <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Non-Vehicle <input type="checkbox"/> Non-Contact Veh.								
Last Name Thiele	First Andrew	MI J	Last Name Rodriguez	First Jarman	MI D						
Street Address 3 Timber Ridge Pkwy	City Severance	State CO	State CO	City [REDACTED]	State CO	N					
Driver License Number 05256 0840	CDL []	Sex M	DOB 6/12/89	Driver License Number [REDACTED]	CDL []	Sex [REDACTED]					
Primary Violation <input type="checkbox"/> DUI <input checked="" type="checkbox"/> Improper left turn	Violation Code 901(1B)	Citation Number V50089320	Common Code 273	Year 2014	Make Ford	Model Explorer					
Year 2014	Make Ford	Model Explorer	Body Type UP	Year [REDACTED]	Make [REDACTED]	Model [REDACTED]					
License Plate Number AFE70	State or Country CO	Color Blue	License Plate Number [REDACTED]	State or Country [REDACTED]	Color [REDACTED]						
Vehicle Identification Number 1FMBK8ARXE6B02606	Vehicle Owner Last Name Same	First [REDACTED]	MI [REDACTED]	Vehicle Owner Last Name Same	First [REDACTED]	MI [REDACTED]					
Address Same	City [REDACTED]	State [REDACTED]	ZIP [REDACTED]	Address Same	City [REDACTED]	State [REDACTED]					
Towed Due to Damage <input type="checkbox"/> By: To:	Towed Due to Damage <input type="checkbox"/> By: To:					Q Q					
Trailer VIN#	Trailer VIN#										
		1- Slight 2- Moderate 3- Severe			1- Slight 2- Moderate 3- Severe						
Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof	Exp. Date 1-2021	Insurance Company <input type="checkbox"/> None <input type="checkbox"/> No Proof	Exp. Date [REDACTED]			R R					
Policy Number 21AB 1-2020	Policy Number [REDACTED]										
Owner Damaged Prop. Last Name	First	MI	Address	City	State	ZIP					
Owner Damaged Prop. Last Name	First	MI	Address	City	State	ZIP					
POS.	REST.	ENDO.	SAFETY EQUIP.	AIR BAG	EJECT.	SUSPECTED ALCO/DRUG	INJ. SEV.	AGE	SEX	NAME / ADDRESS	S S
1	1	0	B	1	0	0	0	30	M	Same as TL 1	
2	1	0	R	1	0	0	0			Same as TL 2	
											T T

Approved By _____ I.D. # _____ Date _____

AA	Case # 20-3559	DOR CODE	Accident Date 3 9 2020	Agency Ft Collins Police	HH
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AA	Describe Accident T.V. 2 exiting car wash turning right T.V. 1 turning left into car wash blinded by setting sun hits front to side of T.V. 2				HH
BB					JJ
BB					JJ
CC					KK
CC					KK

DD					KK
DD					KK
EE					LL
EE					LL
FF					MM
FF					MM
GG					NN

GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG	T.U.# Address	Carrier Identification #			NN
GG	Carrier Name	US DOT <input type="checkbox"/>	ICC <input type="checkbox"/>	State DOT <input type="checkbox"/>	NN
GG	T.U.# Address	Carrier Identification #			NN

SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION REPORT



1. Entity Name <u>TOWN OF SEVERANCE</u> <u>Severance Police Dept</u>		2. Date of Loss <u>092319</u>	3. Time <u>1012</u> AM PM
4. Name: Employee, Vehicle, Building, Etc. <u>Andy Thiele</u>			
5. Department/Shift: <u>Public Safety</u>	6. Location of Accident/Incident <u>10845 CR 74</u> <u>Severance CO 80550</u>	7. New Employee Equipment or Operation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

8. Type of Accident Incident (Check All That Apply)

<input checked="" type="checkbox"/> Near miss	<input type="checkbox"/> Fire/explosion	<input type="checkbox"/> Potential hazard
<input type="checkbox"/> Property damage	<input type="checkbox"/> Employee injury/illness	<input type="checkbox"/> Entity premises incident
<input type="checkbox"/> Equipment damage	<input type="checkbox"/> Vehicular accident	<input checked="" type="checkbox"/> Other

9. If the incident involves damage to non-entity property or injury to persons who are not entity employees, contact your Risk Manager, internal Claims Contact or Entity Attorney before completing this form.

10. Describe what took place or what caused you to make this investigation. Get all the facts by studying the hazard or situation involved.

On 092319 @ approx 0929 hrs, Ofc Thiele conducted a traffic stop where the driver pulled over at 10845 CR 74 in the town of Severance. Ofc Thiele had the driver exit his veh & walked with him until the rear of the susp. veh. Ofc Thiele attempted to put the susp into custody & the male ran. Ofc Thiele attempted multiple times to place him into custody to no avail. Ofc Thiele injured his knees & multiple fingers during the confrontation that took place on the dirt (suspect was combative). Ofc Thiele had help from Aaron Am Dahl, Jose and Trash employee in order to get suspect into custody.

Ask the following questions: * LEFT index finger - jammed, right index - minor cut, right pinkie, minor cut

Who? Both What? Knees When? 0929 hrs Where? 10845 CR 74 How? Running Why? to get suspect into custody

11. What should be done to prevent a recurrence?
Have an additional Ofc on scene to make an arrest for safety purposes.

Circle the following items that require additional attention:

Admin./Mgt.	Environment	Equipment	Material	People
Policies	Weather	Selection	Selection	Selection
Procedures	Housekeeping	Arrangement	Placement	Placement
Scheduling	Temperature	Use	Handling	Training
Purchasing	Noise	Maintenance	Process	Coaching
Logistics	Light	Availability	Availability	
	Toxic/Hazardous	Convenient		
	Material	Appropriate		

12. What actions have been taken? Spoke with Ofc Thiele about waiting for another Ofc prior to making an arrest.

Take or recommend action consistent with your authority.

13. How will corrective actions improve conditions or behavior? Knowledge and coaching should assist to prevent a situation as such. Fights, however, are hard to prevent fully.

14. Investigated By <u>M. Siderfin</u>	Title <u>Chief</u>	Date <u>092419</u>	15. Reviewed By	Title	Date
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1937-96

Determine from the available evidence why this accident/incident occurred; utilize the six questions listed in the box to assist you in thinking through the situation. When completing this section consider information such as the following:

- Reporting any faulty equipment or lack of proper equipment.
- Noting improper or unsafe working conditions such as slippery floor, icy roads, liquid spill, poor housekeeping, or missing warning signs. Again, avoid placing blame on any individual or entering personal opinion by concentrating on the facts.

11. What Should Be Done: Determine what actions, if any, are required to eliminate the hazards involved and to restore safe working conditions. By using the five categories in the box, evaluate if the following will reduce the possibility of a re-occurrence.

- Additional training.
- Increased equipment maintenance.
- Improved material handling.
- Re-selection of equipment, material, or people, etc.

The categories of Admin/Mgmt, Environment, Equipment, Material, and People are a breakdown of the five main variables in the work place, and listed under these variables are the supervisory inputs that affect them.

Examples include:

- If there was an accident involving Equipment, you would study the effect that Selection, Arrangement, Use, and/or Maintenance of that piece of Equipment had in causing the accident.
- If there was an accident involving Material, determine if the Selection, Placement, Handling, and/or Processing of the Material caused or contributed to the accident.
- If there was an accident involving People, determine if a change in the Selection, Placement, Training, and/or Coaching of these people would have avoided the accident or may prevent a similar future accident.

12. What Actions Have Been Taken: Have any changes or improvements been made to remedy the situation? If an extremely hazardous condition is discovered, immediate action should be taken to prevent further loss. Regardless of the type of hazard, documented follow up action is important to determine if the hazard is being adequately controlled. While documentation cannot be included in this section due to the timeliness of reporting, the plan for follow up action should be listed.

Examples include:

- New machine guard is in place and weekly inspections started to verify guard use.
- Driver is enrolled in Defensive Driving course and supervisor will perform monthly road observations.
- No smoking policy established for city shop and on-site supervisors will be enforced.



Job Hazard Analysis Form:

Job Title:	Job Location:
Task #	Task Description:
Hazard Type:	Hazard Description:
Consequence:	Hazard Controls:
Rationale or Comment:	



The supervisor or safety coordinator analyzes the scene of the accident, immediately after the injured person has been treated, before the scene can be changed and important evidence can be destroyed. Photographs should be taken if necessary.

The supervisor or safety coordinator discusses the accident with the injured employee if possible, after first aid or medical treatment has been administered.

The supervisor or safety coordinator talks privately with witnesses and others who may have relevant information as soon as possible after the accident. The supervisor or safety coordinator obtains signed statements if necessary.

In speaking with the injured employee, witnesses and other relevant parties, the supervisor or safety coordinator attempts to obtain as clear an account as possible of all the facts and arrive at the cause of the accident.

The supervisor or safety coordinator completes the Accident Investigation Form for all work-related injuries, illnesses, and near-misses.

If it is determined a safety rule has been violated, the safety coordinator completes the Safety Rule Violation form and determine the appropriate disciplinary action, in conjunction with the supervisor.

Return to Work

The safety coordinator maintains regular contact with the injured worker and designated medical provider, obtaining recovery status information and work restriction updates. The safety coordinator should obtain a copy of the medical provider's work status report as soon as possible after each medical visit.

The safety coordinator maintains a list of modified duty tasks from each department to delegate if needed modified duties. If Town of Severance deems it appropriate to make an offer of modified duty to an injured worker, the safety coordinator sends a written description of the proposed tasks to the designated medical provider for approval. After approval by the designated medical provider, the temporary modified duty position is communicated to the employee, utilizing Rule 6 of the Colorado Workers' Compensation Rules of Procedure if appropriate.

The safety coordinator communicates wage information regarding the injured worker's modified duty position to the workers' compensation insurer.

The department director and safety coordinator works with the injured workers' department supervisor (for the modified duty position) to ensure all restrictions are being followed and monitors and documents the injured worker's performance while on modified duty.

The safety coordinator coordinates monthly meetings with the supervisor, injured employee and other relevant staff to address progress, efficiency, and the appropriateness of continued modified duty assignment.

Inception date: 3/2019

Revision date:



Town of Severance - Employee Incident Report (to be completed by injured employee)

Employee Name: Thiele, Andy

Date of Injury: 9/23/19

Time of Injury: 10 12 hrs

Please explain how the injury occurred:

While attempting to place a suspect under arrest, the suspect actively resisted and was combative, while affecting the arrest my L hand was landed on by the suspect causing pain in left index and thumb. During the apprehension, I sustained cuts and scrapes to my R index finger, R Pinky finger, L knee, R knee

Describe affected body parts:

L/R hand L/R knees

Employee's recommendations for corrective action:

None

Employee's Signature: [Signature]

Date: 9/24/19 0923

Inception date: 3/2019

Revision date:



Town of Severance - Return to Work Policy

The Town of Severance has elected to adopt a return to work policy, with the intent of utilizing eligible injured workers in a productive capacity while they are recovering from a work-related injury. The organization will strive to offer temporary modified duty, where practicable, to those workers who suffered a work-related injury and are unable to return to their regular jobs due to medical restrictions. The goal of temporary modified duty is to provide productive activity and return the injured worker to his/her regular job.

The safety coordinator and supervisor/director are responsible for coordinating the return to work program. All work-related injuries are reported immediately to the worker's supervisor, or, if not available, the safety coordinator. If reported to the supervisor, the supervisor immediately notifies the safety coordinator. The safety coordinator then reports the injury to the workers' compensation insurer immediately or as soon as possible.

The supervisor or safety coordinator directs the injured worker to seek medical attention from one of the designated medical providers. If the injury requires immediate medical attention outside of normal business hours, the injured worker should seek treatment from the nearest medical facility, and then seek necessary follow up treatment from one of the designated medical providers. 911 should be called in cases of emergency.

The safety coordinator maintains regular contact with the injured worker and the designated medical provider, obtaining recovery status information and work restriction updates. The safety coordinator should obtain a copy of the medical provider's work status report as soon as possible after each medical visit.

The safety coordinator maintains a list of modified duty tasks. If Town of Severance deems it appropriate to make an offer of modified duty to an injured worker, the safety coordinator sends a written description of the proposed tasks to the designated medical provider for approval. After approval by the designated medical provider, the temporary modified duty position is communicated to the employee, utilizing Rule 6 of the Colorado Workers' Compensation Rules of Procedure if appropriate.

The safety coordinator communicates wage information regarding the injured worker's modified duty position to the workers' compensation insurer.

The safety coordinator works with the injured supervisor (for the modified duty position) to ensure all restrictions are being followed and monitors and documents the injured worker's performance while on modified duty.

Modified duty assignments are temporary and transitional in nature. They are reviewed jointly on at least a monthly basis by the supervisor, injured worker, safety coordinator and other relevant staff to address progress and efficiency.

Inception date: 3/2019

Revision date: