

Schmidt, Kirk E CIV DECA HQ (USA)

From: Linda Miles <(b)(6)@gmail.com>
Sent: Monday, December 9, 2024 4:32 AM
To: Schmidt, Kirk E CIV DECA HQ (USA)
Subject: Injury accident at Camp Pendleton

Mr. KIRK

I had a slip and went up into the air than hit the floor at the Commissary at Camp Pendleton in the meat dept. on February 03, 2024. I had a difficult time trying to catch up with the store manager for a few months. The forms that the Torte say I need is the accident report to send in my claim. I finally was able to reach the store mgr. he says it took some time to locate where to send the report. After 2 other referrals I was referred to you as the person who received my report. You are the 3rd person.

I really do need your assistance with this matter Sir.

My name:

Linda D Miles

(b)(6)

(b)(6), California

92703

Phone# (b)(6)

Please can you get back to me with some feedback on whether you are my final destination in receiving this report. I would really appreciate your help.

Patron/Contractor/Injury Illness Report

(For use of this form, see DECAD 30-17; OPR is SOHS.)

Information About Patron/Contractor

1. Full Name (Last, First, Middle Initial):
2. Commissary Name:
3. Patron ☒ Contractor ☐
4. Male ☐ Female ☒ Phone Number:
5. Date of Birth (MM/DD/YYYY):
6. Was Patron/Contractor treated by EMT? Yes ☒ No ☐
7. Was Patron/Contractor hospitalized overnight? Yes ☐ No ☒
8. Refused treatment? Yes ☐ No ☒

Information About The Case

9. Date of Injury of Illness: 10. Time of Event:
11. What is the nature of the accident? (Slip/Trip/Fall, etc.):

Slip

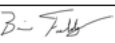
12. Type of Injury, if any (Laceration, Stroke, Bruise, etc.):

Left leg / hamstring
Pulled muscles / ligament

13. Witnesses, if this question does not apply, leave blank:

14. Report Completed By:

Review

Reviewing Officials	Reviewing Officials Name	Date
Store Director	FLOWERS.REGINALLEMONT.1031442172 <small>Digitally signed by FLOWERS.REGINALLEMONT.1031442172 Date: 2024.10.24 18:18:40 -07'00'</small>	Oct 24, 2024
Store Safety Representative	ASUNCION.RESTILEON.T.1366063044 <small>Digitally signed by ASUNCION.RESTILEON.T.1366063044 Date: 2024.10.03 12:28:48 -07'00'</small>	Oct 3, 2024
Area Safety Manager	 <small>Digitally signed by FIELDS.BRAN.CHARLES.1133271828 Date: 2024.10.25 09:43:26 -07'00'</small>	Oct 25, 2024

Note: Forward a copy to DeCA HQ Safety Office (decahq.sohs@deca.mil) and DeCA General Counsel (general.counsel@deca.mil).