DEPARTMENT OF INDUSTRIAL ACCIDENTS

EMPLOYER'S NOTIFICATION TO INSURER OF MEDICAL ONLY INJURIES

If An Injury Has Resulted in 5 or More Lost Work Days,
File "Employer's First Report of Injury", Form 101

DO NOT File This Form With The Department of Industrial Accidents

PLEASE PRINT OR TYPE:

EMPLOYEE

1. Employee Name (Last, First, MI)		2. Home Telephone ( ) –	3. Social Security Number* – –
4. Home Address (No. & Street, City, State, Zip Code)		5. Marital Status ☐ Single ☐ Married	6. No. of Dependents
7. Date of Hire (MM/DD/YY): / /	8. Date of Birth (MM/DD/YY): / /	9. Sex ☐ Male ☐ Female	10. Hourly Wage
11. Piece or Hourly Worker? ☐ Piece ☐ Hourly	12. Hours Worked Per Day	13. Days Worked Per Week	14. Avg. 52-Week Wage: $ ______ ☐ Estimated or ☐ Actual

EMPLOYER

15. Employer Name	16. Employer Self-Insured? ☐ Yes ☐ No	17. Federal Tax ID –
18. Employer Address (No. & Street, City, State, Zip Code)	19. Employer Telephone ( ) –	20. Industry Code
21. Insurance Carrier: Name and Address of Branch Responsible for This Case (Not Local Agent or Adjuster)		
22. Worker's Compensation Policy Number	23. OSHA Case File Number (if applicable)	

INJURY INFORMATION

24. Date of Injury (MM/DD/YY): / /	25. Time of Injury : ☐ A.M. ☐ P.M.	26. Source of Injury (e.g., Machine, Tool, Substance, etc.)	
27. Address Where Injury Occurred (if different from #18 above)		28. On Employer's Premises? ☐ Yes ☐ No	29. Employer Location Code
30. Regular Occupation		31. Regular Occupation When Injured? ☐ Yes ☐ No	
32. To Whom Was Injury Reported?			33. Date Reported (MM/DD/YY): / /
34. Nature of Injury(ies) (Burn, Fracture, Cut, etc.)			
35. Injured Body Part(s) Description (Arm, Leg, Back, etc.)			
36. Physician Name and Address			
37. Hospital Name and Address			
38. Describe How Injury Occurred (e.g., Struck by......, Fell from......, Exposed to...)			
39. If Employee Has Returned to Work, Date of Return (MM/DD/YY): / /		40. Returned to Regular Occupation? ☐ Yes ☐ No	

41. Preparer's Name (Please Print or Type)	42. Preparer's Title	
43. Preparer's Signature		44. Date Prepared (MM/DD/YY): / /

*Disclosing Social Security Number is voluntary.

V.3788