COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF LABOR AND INDUSTRY DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF WORKERS' COMPENSATION BUREAU OF WORKERS' COMPENSATION
1171 S. CAMERON STREET, ROOM 103 171 S. CAMERON STREET, ROOM
HARRISBURG, PA 17104-2501 HARRISBURG, PA 17104-2501
(TOLL FREE) 800-482-2383
(TOLL FREE) 800-482-2383
TTY (TOLL FREE) 800-362-4228
EMPLOYER'S REPORT
OF OCCUPATIONAL
INJURY OR DISEASE

## Print and fax to 412-325-1657

EMPLOYEE FIRST NAME

EMPLOYEE LAST NAME

STREET ADDRESS


EMPLOYER

STREET ADDRESS

SIC CODE
EMPLOYER FEIN
PHONE NUMBER
P|

COUNTY
NAICS CODE
$\square$



CONTACT FIRST NAME
CONTACT FIRST NAME

TIME OF OCCURRENCE

$|\because| |$| AM $\square$ |
| :--- |
| $\mathrm{PM} \square$ |

PM


CONTACT LAST NAME

NOTICE: Report should be clearly completed, (preferably typed) and original mailed to the Bureau at the address in the upper left corner and a copy to employee and insurer.

TYPE OF INJURY OR ILLNESS

PARTS OF BODY AFFECTED

CAUSE OF INJURY

DID INJURY OR ILLNESS OCCUR ON EMPLOYER'S PREMISES?
YES
NO
ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED
$\square$
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES DIRECTLY RESPONSIBLE.
$\square$
IF FATAL, GIVE DATE OF DEATH
MONTH
PHYSICIAN/HEALTH CARE PROVIDER

| FIRST NAME: | LAST NAME: |  |
| :--- | :--- | :--- |
| STREET |  |  |
| CITY | STATE | ZIP |


| HOSPITAL NAME: |  |  |
| :--- | ---: | ---: |
| STREET |  |  |
| CITY | STATE | ZIP |

POLICY/SELF INSURED NUMBER:

INITIAL TREATMENT:
$\square$ NO MEDICAL TREATMENT
$\square$ MINOR BY EMPLOYEE
$\square$ CLINIC / HOSPITAL
$\square$ PANEL PHYSICIAN
$\square$ EMPLOYEE PHYSICIAN
$\square$ EMERGENCY CARE
$\square$ HOSPITALIZED MORE THAN 24 HOURS

## POLICY PERIOD FROM:

MONTH DAY YEAR


## WITNESS FIRST NAME

WITNESS PHONE NUMBER

WITNESS LAST NAME


Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act and may also be subject to criminal and civil penalties through Pennsylvania Act 165.

