



First Report of Injury

This form is to be filled out by a manager, supervisor, or the employee who is injured and then must be submitted to Human Resources in the main office within 24 hours of the injury occurring. The filled out form can be faxed to (734) 261-4659 or brought to the office. If necessary the information can be filled in by a Human Resources representative via phone call.

Please fill out as fully as possible:

What is the injured employee's name? _____

What is the injured employee's social security number? _____

What is the injured employee's date of birth? _____

What is the injured employee's home address? (include state, city, and zip code)

What is the injured employee's home phone number including the area code? _____

Is the injured employee male or female? Male Female

What was the date and time of the injury? _____

What is the injured employee's job title or occupation? _____

What is the full address of business location injured employee works? (include city state, and zip code)

Was the employee injured at the location above? Yes No

If 'No', provide the full address where the injury did occur:

What is the injured employee's date of hire? _____

What is the injured employee's hourly rate? _____

What time did the injured employee begin work on the day of injury? _____

Will the injured employee miss time from work? Yes No

If yes, how many days? _____

Will the employee be paid in full for the day of the injury? Yes No

What was the last day the injured employee worked due to injury? _____

What date did the injured employee return to work, or is expected to return to work? _____

What date was the injury reported to the employer? _____

What type of injury did the employee sustain? For example: contusions, lacerations, or burns.

What body part(s) was affected? _____

How did the accident happen? _____

Was the injury fatal? Yes No

If yes, list the date of death: _____

Did the injured employee seek medical attention? Yes No

If yes, what type of medical treatment did the injured employee seek?

- Minor medical treatment by the employee
- Hospitalization for more than 24 hours
- Minor medical treatment by clinic/hospital
- Future major medical/lost time anticipated
- Emergency care

Is there any additional information that may be pertinent to this claim? _____
