Workers Compensation – First Report of Injury or Illness

State Insurance Fund e-mail form – return as an e-mail attachment to ReportClaim@IdahoSIF.org. Do not mail a copy of a printed form.

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| Every work injury that requires medical services other than first aid treatment must be reported within **TEN** days after the employer has knowledge of the injury. **Filing this form is not an admission of liability**. This report shall not be evidence of any fact stated herein in any proceeding in respect of the injury, illness or death on account of which this report is made. |
| E**M****P****L****O****Y****E****R** | Employer’s name:       | Employer status |
| Address:       |  [ ]  Sole Proprietor [ ]  LLC [ ]  Public |
| City:       State:       ZIP:       |  [ ]  Partnership [ ]  Corporation [ ]  Other |
| Phone #:       FAX # :       | Is injured worker a Corporate Officer, Partner, LLC member or Sole Proprietor? [ ]  Yes [ ]  No |
| Employer’s location address (if different)  |
| Address:       | If a Sole Proprietorship, is the injured worker a household member? [ ]  Yes [ ]  No |
| City:       State:       ZIP:       |
| Policy number:        | Organization code:       |
| **E****M****P****L****O****Y****E****E** | Employee’s last name:       State where hired       | State where hired:       |
| Employee’s first name:       | Occupation:       |
| Address:       | Employment status:       |
| City:       State:       ZIP:       | Sex [ ]  Female [ ]  Male |
| Phone # :       | Social Security # :       |
| Date of birth:       | Date hired:       |
| Under what class code were wages reported?       | Injury date:       |
| Regular department:       | Marital status [ ]  Single [ ]  Widowed [ ]  Other [ ]  Married [ ]  Separated  |
| **W****A****G****E****S** | Wage rate $      per [ ]  Hour [ ]  Day [ ]  Week [ ]  Month [ ]  Other | Hours worked per week:       |
| # of days worked per week:       | Full pay for the day of injury?[ ]  Yes [ ]  No | Did salary continue? [ ]  Yes [ ]  No |
| If board, lodging or other advantages furnished in addition to wages, give estimated value per week. $       |
| If gratuities (tips, etc.) were received in the course of employment, give estimated value per week. $       |
| **A****C****C****I****D****E****N****T****O****R****I****L****L****N****E****S****S** | Place of accident or exposure (address):       City/State:       |
| County:       Did injury/illness occur on the employer’s premises? [ ]  Yes [ ]  No |
| Time injury occurred:       [ ]  AM [ ]  PM Time employee began work:       [ ]  AM [ ]  PM |
| Date last worked:       Date employer notified:       Date disability began:       |
| Date returned to work:       If fatal, date of death:       Injury type (strain, cut, etc.):       |
| Part of body affected:       Body part injured before? [ ]  Yes [ ]  No |
| Injury reported to (name and phone #) :       |
| Equipment, materials, or chemicals employee was using upon occurrence:       |
| How injury or illness occurred (Describe the sequence of events. Include objects or substances that directly caused the injury)       |
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| Was accident caused by the failure of a machine or product? [ ]  Yes [ ]  No  | Was safety equipment provided? [ ]  Yes [ ]  No |
| If the accident was caused by any person or business other than the injured worker, co-worker or the employer, please identify.      | Was it used? [ ]  Yes [ ]  No |
| Were other workers also injured? [ ]  Yes [ ]  No |
| List other workers’ names:       |
|       |
| **M****E****D** | Physician or hospital (name and address)      | [ ]  No medical treatment [ ]  Minor by employer |
| [ ]  Minor – clinic/hospital [ ]  Emergency care |
| [ ]  Anticipated major med/time loss [ ]  Hospitalized overnight |
|  | Did anyone witness the accident? [ ]  Yes [ ]  No If yes, provide name, phone # :       |
| Preparer’s name and title:       |
| Preparer’s phone number:       Date prepared:       |

**E-mail this as an attachment to ReportClaim@IdahoSIF.org. Employers *do not* need to e-mail this form to the Industrial Commission. Employers should keep a copy on file.**

SIF 10/05E (froi-emailform.doc)