

Please answer all questions. The information requested is vital so that we may properly assist you.

WORKPLACE ACCIDENT CASE INFORMATION

Date of incident: _____ Time: _____

Were you injured on the employer's premises? Yes / No

If no, where did the injury occur? _____

Brief synopsis of incident: _____

INJURED PARTY INFORMATION

Full Name: _____

Date of Birth: _____ SSN: _____

Street address: _____

Home Phone: _____ Other Phone: _____

Marital Status: _____ Dependents: _____

Nearest Relative Name and Address: _____

Any Prior Accidents to This One? Yes / No

If yes, briefly explain: _____

Are you currently employed? Yes / No

If yes, occupation: _____ How long? _____

Employer's Name and Address: _____

What is your average weekly income? _____

INJURY INFORMATION

*The following information should relate to the injuries received while on the job and include all employers worked for at the time you were injured.

Employer at time of injury: _____

Company address: _____

Date of Hire: _____ Job Title: _____

Brief description of duties: _____

Were you employed by more than one employer at the time of injury? Yes / No

If yes, please attach additional sheets listing the above information for each employer for whom you worked at the time of injury.

Are you presently receiving workers compensation benefits? Yes / No

If yes, what is your weekly wage before taxes, including overtime, etc.? _____

If yes, when did you receive your first payment? _____

Name and address of workers compensation insurer: _____

How did the incident causing the injury happen? _____

List all witnesses to the incident, Name and address: _____

Who was first notified of the incident, Name and job title? _____

On what date was time first lost as a result of the injury? _____

Have you been out of work continuously since that date? Yes / No

If no, date returned to work: _____ Light / Regular Duty

Do you presently feel capable of returning to work? Yes / No

If yes, in what capacity? Light / Regular Duty

What part(s) of the body were injured? _____

If you have pain, explain where: _____

Date and place of first medical treatment received relating to the injury: _____

List all treating doctors and approximate date first treated by them? _____

Name and address of the current principal treating physician: _____

If surgery has been performed, please state where and when: _____

What are your doctor's present recommendations for your treatment? _____
