

Texas

Send the specified copies to your Workers' Compensation Insurance Carrier and the injured employee.

*Employers - Do not send this form to the Texas Department of Insurance, Division of Workers' Compensation, Unless the Division specifically requests a direct filing.

CLAIM # _____

CARRIER'S CLAIM # _____

EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.) 2. Sex F M 3. Social Security Number 4. Home Phone 5. Date of Birth (m-d-y) 6. Does the Employee Speak English? 7. Race 8. Ethnicity 9. Mailing Address 10. Marital Status 11. Number of Dependent Children 12. Spouse's Name 13. Doctor's Name 14. Doctor's Mailing Address

15. Date of Injury (m-d-y) 16. Time of Injury 17. Date Lost Time Began (m-d-y) 18. Nature of Injury* 19. Part of Body Injured or Exposed* 20. How and Why Injury/Illness Occurred* 21. Was employee doing his regular job? 22. Worksite Location of Injury (stairs, dock, etc.)* 23. Address Where Injury or Exposure Occurred 24. Cause of Injury(fall, tool, machine, etc.)* 25. List Witnesses 26. Return to work date/or expected (m-d-y) 27. Did employee die? 28. Supervisor's Name 29. Date Reported (m-d-y)

30. Date of Hire (m-d-y) 31. Was employee hired or recruited in Texas? 32. Length of Service in Current Position 33. Length of Service in Occupation

34. Employee Payroll Classification Code 35. Occupation of Injured Worker

36. Rate of Pay at this Job 37. Full Work Week is: 38. Last Paycheck was: 39. Is employee an Owner, Partner, or Corporate Officer?

40. Name and Title of Person Completing Form 41. Name of Business

42. Business Mailing Address and Telephone Number 43. Business Location (if different from mailing address)

44. Federal Tax Identification Number 45. Primary North American Industry Classification System Code 46. Specific NAICS Code 47. Texas Comptroller Taxpayer No.

48. Workers' Compensation Insurance Company 49. Policy Number

50. Did you request accident prevention services in past 12 months? YES NO If yes, did you receive them? YES NO

51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING) X _____ Date _____

