TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

CLAIMS ADM/CARRIER

JURISDICTION CLAIM # (STATE FILE #): 12345-2020

CLAIMS ADM CLAIM # (INSURER CLAIM #): WC-123456

OSHA LOG CASE #: 123456

CLAIM TYPE CODE
- ☐ MED ONLY
- ☑ INDEMNITY
- ☑ BECAME LOST TIME
- ☐ BECAME MED ONLY
- ☐ NOTIFY ONLY
- ☐ TRANSFER

NAME OF INSURANCE CARRIER: Good Guy Insurance

CARRIER FEIN: 62-123456789

CLAIMS ADMIN FIRM NAME (IF DIFFERENT FROM CARRIER): Legal Firm

FEIN OF CLMS ADM:

CLAIMS ADJUSTER NAME: Joe Smith

CLMS ADJ PHONE #: 615.555.5555

THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE TENNESSEE WORKERS' COMPENSATION LAW AND MUST BE COMPLETED AND FILED WITH YOUR INSURANCE CARRIER IMMEDIATELY AFTER NOTICE OF INJURY.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS' COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

IF YOU HAVE QUESTIONS, THE STATE NOW HAS A BENEFIT REVIEW SYSTEM WHERE A WORKERS' COMPENSATION SPECIALIST CAN PROVIDE ASSISTANCE. CALL 1-800-332-2667 (TDD).

CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2: 1234 Main Street

CITY: Nashville | STATE: TN | ZIP: 37219

EMPLOYER

EMPLOYER NAME: Town of Goodville, Tennessee

EMPLOYER FEIN: 62-123456

SIC CODE: n/a

PHONE NUMBER: 615.555.5555

EMPLOYER ADDRESS LINE 1 AND LINE 2: 1234 Main Street

NATURE OF BUSINESS: Municipal Government

CITY: Nashville | STATE: TN | ZIP: 37219

INSURED REPORT #: 123456

EMPLOYER LOCATION: Nashville, Tennessee

POLICY

INSURED NAME (PARENT CO. IF DIFFERENT THAN EMPLOYER): Town of Goodville, Tennessee

POLICY NUMBER: 123456

SELF INSURED? ◉ YES ☐ NO

EFF DATE: 01/01/2020

EXP DATE: 01/01/2022

EMPLOYMENT STATUS CODE
- ☑ FULL TIME/REGULAR
- ☐ PART TIME
- ☐ PIECE WORKER
- ☐ SEASONAL
- ☐ VOLUNTEER
- ☐ APPRENTICE FULL TIME
- ☐ APPRENTICE PART TIME

EMPLOYEE

EMPLOYEE LAST NAME: Smith

PHONE INCL AREA CODE: 615.555.5555

FIRST: Jane | MI: E

DEPARTMENT REGULARLY WORKED: Police

GENDER
- ☐ MALE
- ☑ FEMALE
- ☐ UNKNOWN

ADRRESS LINE 1 & 2: 1234 Broadway

OCCUPATION DESCRIPTION: Officer

CITY: Nashville | STATE: TN | ZIP: 37219

MARITAL STATUS
- ☑ UNMARRIED, SINGLE, DIVORCED
- ☐ MARRIED
- ☐ SEPARATED
- ☐ UNKNOWN

NCCI CLASS CODE: 123456

SSN: 555.55.5555 | DATE OF BIRTH: January 1, 1990 | DATE OF HIRE: January 1, 2010

WAGE

WAGE $: 15.50

PERIOD
- ☑ HOURLY
- ☐ DAILY
- ☐ WEEKLY
- ☑ BI-WEEKLY
- ☐ MONTHLY

NUMBER OF DAYS WORKED PER WEEK: 5

SALARY CONTINUED IN LIEU OF COMPENSATION ☐ YES ☑ NO

FULL WAGES PAID FOR DATE OF INJURY ☑ YES ☐ NO

ACCIDENT/INJURY

DATE OF INJURY: October 27, 2020

TIME OF INJURY: 11:13 ☑ AM ☐ PM ☐ COULD NOT BE DETERMINED

TIME EMPLOYEE BEGAN WORK ON INJURY DATE: 7:00 ☑ AM ☐ PM

DATE EMPLOYER NOTIFIED OF INJURY: October 27, 2020

BODY PART AFFECTED CODE: 12

NATURE OF INJURY CODE: 34

CAUSE OF INJURY CODE: 67

DATE CLAIM ADM NOTIFIED OF INJURY: October 27, 2020

DATE LAST DAY WORKED: October 27, 2020

DATE DISABILITY BEGAN: October 27, 2020

RETURN TO WORK DATE (IF APPLICABLE): n/a

HOW INJURY OR ILLNESS OCCURRED. DESCRIBE THE INCIDENT INCLUDING WHAT THE EMPLOYEE WAS DOING JUST BEFORE, THE PART OF THE BODY AFFECTED AND HOW, AND OBJECT OR SUBSTANCE THAT DIRECTLY HARMED THE EMPLOYEE.

Officer Smith was chasing a suspect on foot when she tripped and fell, injuring her right leg and right and left hands.

DATE OF DEATH (IF APPLICABLE): n/a

DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES? ◉ YES ☐ NO

IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP
- ☐ WIDOW
- ☐ WIDOWER
- ☐ MOTHER
- ☐ FATHER
- ____ DAUGHTER
- ____ SON
- ____ SISTER
- ____ BROTHER
- ____ HANDICAPPED CHILD

TOTAL # DEPENDENTS

ADDRESS WHERE INJURY OCCURRED (IF OTHER THAN EMPLOYER'S PREMISES): 1534 Main Street | CITY: Nashville | STATE: TN | ZIP: 37219

COUNTY OF INJURY: Davidson

TREATMENT

PHYSICIAN NAME: Dr. Smith

HOSPITAL OR OFF SITE TREATMENT NAME: Dr. Smith Hospital

ADDRESS LINE 1 AND 2: 1234 Main Street

ADDRESS LINE 1 AND 2: 1485 Main Street

CITY: Nashville | STATE: TN | ZIP: 37219

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INITIAL TREATMENT
- ☐ NO MEDICAL TREATMENT
- ☐ MINOR BY EMPLOYER
- ☑ MINOR BY CLINIC/HOSPITAL
- ☑ HOSPITALIZED > 24 HRS
- ☐ EMERGENCY CARE
- ☑ FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED

OTHER

DATE PREPARED	PREPARER'S NAME & TITLE	PREPARER'S COMPANY NAME	PHONE NUMBER
October 27, 2020	Jamie Smith	Town of Goodville, Tennesse	555.555.5555