

Instructions

Employee's Report of Injury

Purpose of Form:

The injured employee completes this form to provide the State Office of Risk Management (SORM) with information pertaining to the circumstances surrounding the injury and what has happened since the date of injury to help expedite benefits.

Filing Deadline:

The form must be received by SORM not later than the 5th calendar day after the Report of Injury or Illness Form (DWG1S) is reported by the agency.

Completed by:

This form shall be completed by the injured employee with assistance from the Claims Coordinator, if needed.

Instructions:

1. The employee will address each of the questions completely and use additional pages if necessary. The adjuster needs complete picture of the events surrounding the injury and how the injury occurred. Witnesses names and phone numbers physicians/treatment providers names and phone numbers and work status is needed. The employee should enter any previous workers compensation claims information including body parts injured

