

Please complete in triplicate (type, if possible). Mail two copies to:

State of California

Southern California Risk Management Associates, Inc.

313 East Foothill Blvd., Upland, CA 91786-3952 (909) 608-7171 Fax: (909) 608-7165

OSHA Case No.

Fatality

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Any Person who makes or causes to be made any knowingly false or fraudulent statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

NOTICE: California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury/illness or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

Form with sections: EMPLOYER, INJURY, ILLNESSES, EMPLOYEE. Includes fields for firm name, policy number, date of injury, location, and employee details.

ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

NOTE: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2.\*

Form with sections: EMPLOYEE. Includes fields for employee name, social security, date of birth, home address, sex, occupation, and wages.

\*Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30).

Form with fields: Completed by (type or print), Signature, Title, Date (mm/dd/yyyy)