EMPLOYER DATA | 1.Employer's Business Name | 2. Federal Employer ID No. | REPORT FOR MONTH OF: _____ YEAR: _____

INJURY DATA

3 Employee's Name
Last | First | MI

10. Date of Injury/Illness (m-d-y)	11. Employee 6 Digit NAICS code	12. Equipment	13. Nature of INJ/ILL	14. Body Part(s) Affected

15. Social Security Number

16. Sex ☐ M ☐ F

17. DOB (m-d-y)

18. Race/Ethnic Identification
☐ White (not of Hispanic origin) ☐ Hispanic ☐ Asian or Pacific Islander
☐ Black (not of Hispanic origin) ☐ American Indian or Alaskan Native

22. Description of Incident

23. Lost Time
☐ >1 Day - 7 Days
☐ 8 Days or More

24. Occupational Disease ☐ YES ☐ NO

19. Cause of Injury

20. Location of Injury (see instructions) ☐ A ☐ B ☐ C

21. Employee's Occupation

21a. Hourly Wage

26. DWC USE ONLY

OCC | NAT | BOD | SRCE | ACCDT | AOS

25. Fatality ☐ YES ☐ NO
Date (m-d-y)

4 Employee's Name
Last | First | MI

10. Date of Injury/Illness (m-d-y)	11. Employee 6 Digit NAICS code	12. Equipment	13. Nature of INJ/ILL	14. Body Part(s) Affected

15. Social Security Number

16. Sex ☐ M ☐ F

17. DOB (m-d-y)

18. Race/Ethnic Identification
☐ White (not of Hispanic origin) ☐ Hispanic ☐ Asian or Pacific Islander
☐ Black (not of Hispanic origin) ☐ American Indian or Alaskan Native

22. Description of Incident

23. Lost Time
☐ >1 Day - 7 Days
☐ 8 Days or More

24. Occupational Disease ☐ YES ☐ NO

19. Cause of Injury

20. Location of Injury (see instructions) ☐ A ☐ B ☐ C

21. Employee's Occupation

21a. Hourly Wage

26. DWC USE ONLY

OCC | NAT | BOD | SRCE | ACCDT | AOS

25. Fatality ☐ YES ☐ NO
Date (m-d-y)

5 Employee's Name
Last | First | MI

10. Date of Injury/Illness (m-d-y)	11. Employee 6 Digit NAICS code	12. Equipment	13. Nature of INJ/ILL	14. Body Part(s) Affected

15. Social Security Number

16. Sex ☐ M ☐ F

17. DOB (m-d-y)

18. Race/Ethnic Identification
☐ White (not of Hispanic origin) ☐ Hispanic ☐ Asian or Pacific Islander
☐ Black (not of Hispanic origin) ☐ American Indian or Alaskan Native

22. Description of Incident

23. Lost Time
☐ >1 Day - 7 Days
☐ 8 Days or More

24. Occupational Disease ☐ YES ☐ NO

19. Cause of Injury

20. Location of Injury (see instructions) ☐ A ☐ B ☐ C

21. Employee's Occupation

21a. Hourly Wage

26. DWC USE ONLY

OCC | NAT | BOD | SRCE | ACCDT | AOS

25. Fatality ☐ YES ☐ NO
Date (m-d-y)

date stamp