ILLINOIS FORM 45: EMPLOYER'S FIRST REPORT OF INJURY

Please type or print.

Employer's Illinois Unemployment Compensation #	Date of report	Case or File #

Employer's name	Is this a lost workday case? ___ Yes ___ No

Doing business under the name of

Mailing address	City	State	Zip code

Employer location, if different from mailing address

Nature of business or service	SIC code

Name of workers' compensation carrier/admin.	Policy/Contract #	Self-insured? ___ Yes ___ No	County of accident site

Employee's name (last, middle, first)	Social Security #

Employee's street address	City	State	Zip code

___ Male ___ Female	___ Married ___ Single	Birthdate	# Dependents

Date & time of accident	Employee's average weekly wage	Last day employee worked

Job title or occupation

Address of accident	City	State	Zip code

Did the employee die as a result of the accident? ___ Yes ___ No	If yes, give the date of death
Did the accident occur on the employer's premises? ___ Yes ___ No	This accident resulted in ___ Occupational injury ___ Occupational disease

Nature of the injury

Part of body affected (be specific)

What task was the employee performing when the accident occurred?

Object or substance responsible for accident, if any (source)

How did accident occur?

What hazardous conditions, if any, contributed to the accident?

What unsafe act, if any, contributed to the accident?

Have medical services been rendered to the employee? ___ Yes ___ No	Has the employee been hospitalized? ___ Yes ___ No

Name and address of physician	City	State	Zip code
Name and address of hospital	City	State	Zip code

Report prepared by	Signature	Title and telephone #

Please send this form to the ILLINOIS INDUSTRIAL COMMISSION 701 S. SECOND STREET SPRINGFIELD, IL 62704 . IC45 1/00

By law, employers shall maintain accurate records of all work-related injuries and illness (except for certain minor injuries). Employers shall report to the Commission all injuries resulting in the loss of more than three scheduled workdays. Filing this form does not affect liability under the Workers' Compensation Act and is not incriminatory in any sense. This information is confidential.

This is a true and exact copy of the current Industrial Commission form IC45, as revised 01/00.