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First Report of Accident or Injury

NEED TO COMPLETE THIS FORM ASAP AFTER INJURY—FAX TO ESSG AT 952-767-0740

Last Name: Soltero		First and Other Names: Stormy	
Date of Birth: 05/27/1990		Length of time on this assignment: 4 months	
Sex: Female	Social Security #: 522-77-3355	Jobsite: BASF Brighton	Position: Packaging
Employee's Phone (Home): n/a		Employee's Phone (Cell or Emergency Contact): cell:720-329-6785	
Date of incident: 1/16/16		Time of incident: AM <input type="checkbox"/> PM <input type="checkbox"/>	
Name(s) of witness:		Witness Phone:	

Name of Supervisor: Gilbert Perez	Date and time notified: 1/16/16, right after incident
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How did the incident occur? Stormy tripped and fell. tried to catch herself with left arm and has pain in shoulder and left arm and hand now

Cause of Injury/Source (please select one)

Fall-Slip Trip on Same Level

Type of Injury/Illness (please select one)

Strain

No Physical Injury Not Reported Other specific injury: discomfort/strained muscle

Affected Body Part (please select one)

(Head) (Lower extremities) (Neck) (Trunk) Multiple upper extremities

Insufficient info to properly identify Not Reported Other specific injury: shoulder, arm, hand

Please let us know what shift does EE work, Please select one: 3rd

What day of the week/weekends is the Employee scheduled to work: Monday: Tuesday Wednesday Thursday

WAS THE EMPLOYEE PAID THE FULL DAY FOR THE DOI: Yes No Friday Saturday Sunday

Can Site Location Accommodate, please select one: Yes No

Accommodating POSITION: CMG can provide admin work (EX. FILING, OFFICE ASSISTANT, ETC.)

If you are able to accommodate, what type of work is being offered? (Please select one) Light duty

If you are not able to Accommodate, Which date was the Employee last work day: _____

INJURY DETAILS: (Include if it is a part of his job duties and the object that cause it ex: welding tube, hoist, packing carrots, etc.)

Description of Injury(s): Employee was positioning a pallet of empty pails with a manual pallet jack and she tripped forward but caught herself from falling with her left arm. She stated that she is experienced pain in her left shoulder. numbness/swelling in her left hand, and is unable to lift her arm past elbow level.

Hospital / Clinic: Yes No
If Yes, Name and Address of Hospital / Clinic where taken for treatment: North Suburban Medical, Thornton, CO
Phone: 303-451-7800

Signed: Caitlin Scholl Digitally signed by Caitlin Scholl Date: 2016.01.19 10:41:43 -07'00' Print Name & Position: Caitlin Scholl, Admin Phone: 303.928.9777