



7301 Ohms Lane Suite 405 Edina, MN 55439  
Phone: (952) 767-0053 Fax: (952) 767-0740  
Email Address: wc@employersolutionsgroup.com

**First Report of Accident or Injury**

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

Last Name: <u>Baca</u>		First and Other Names: <u>Shirley</u>	
Date of Birth:		Length of time on this assignment: <u>started 02/26/2015 Ends between March-June 2016</u>	
Sex: <u>Female</u>	Social Security #: <u>522-88-9861</u>	Jobsite: <u>LRM</u>	Position: <u>Assembly</u>
Employee's Phone: (Home):		Employee's Phone (Cell or Emergency Contact): <u>720-429-4620</u>	
Date of incident: <u>Between August and September</u>		Time of incident: AM <input type="checkbox"/> PM <input type="checkbox"/>	
Name(s) of witness:		Witness Phone:	
Name of Supervisor:		Date and time notified: <u>12/23/2015 12pm</u>	

How did the incident occur? \_\_\_\_\_

**Cause of Injury/Source (please select one)**

Allergic Reaction

**Type of Injury/Illness (please select one)**

All other occupational disease injuries

No Physical Injury     Not Reported     Other specific injury: \_\_\_\_\_

**Affected Body Part (please select one)**

(Head)    (Lower extremities)    (Neck)    (Trunk)    (Upper extremities)

Insufficient info to properly identify     Not Reported     Other specific injury: Elbow

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

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

Friday  Saturday  Sunday

o WAS THE EMPLOYEE PAID THE FULL DAY FOR THE DOI:  Yes  No

o Can Site Location Accommodate, please select one:  Yes  No

o Accommodating POSITION: \_\_\_\_\_ (EX. FILING, OFFICE ASSISTANT, ETC.)

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

o 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): <u>Hurt her elbow doing the same motions as a welder</u>		
Hospital / Clinic: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Name and Address of Hospital / Clinic where taken for treatment: _____		
Phone: _____		
Signed: <u>[Signature]</u>	Print Name & Position: <u>Sean King Recruiter</u>	Phone: <u>303 920-1425</u>