

	Accident Site Organization Name:	Specify activity the employee was engaged in when the event occurred. (ex. cutting metal plate for flooring) Indicate if activity was part of normal duties:		
	Accident Site Street, City, State & Postal Code:			
	Accident Location Narrative (if no street address):			
	Accident Site County/Parish:	Witness Name & Business Phone Number:		
MEDICAL	Initial Treatment Code: (check one) no medical treatment (0) minor/on-site treatment (1) Clinic/hospital visit (2) Emergency care (3) Hospitalization .24 hours (4) Future Medical treatment/lost time anticipated (5)	Initial Medical Provider Name:	Managed Care Organization Name or ID Number:	
		Initial Medical Provider Physical Address, City, State, & Postal Code:	ICD Primary Diagnostic Code (if known):	
	Preparer's Name & Title	Preparer's Company Name:	Phone Number:	Date: