Employer name

Mailing address (number and street, city or town, state, ZIP code and county)

Location, if different from mailing address

Was the place of accident or exposure on employer's premises? ☐ Yes ☐ No
(If no, give accident location, street address, city, state and ZIP code)

	☐ ☐	If fatal, give date of death	Time employee began work _______ ☐ a.m. ☐ p.m.	Date last worked	Date returned to work
Date hired	State where hired		Date employer noti ed		

Description of accident (Describe the sequence of events that directly injured the employee, or caused the disease or death.)

Type of injury/disease and part(s) of body affected (For example: sprain of lower left back)

Date		Telephone number ( )	Work number ( )

Treatment info.

Health-care provider name	Telephone number ( )	Fax number ( )	Initial treatment date
Street address	City	State	9-digit ZIP code

Diagnosis(es): Include ICD code(s)

Will the incident cause the injured worker to miss eight or more days of work? ☐ Yes ☐ No

Is the injury causally related to the industrial incident? ☐ Yes ☐ No

Health-care provider signature	11-digit BWC provider number	Date

Employer info.

Employer policy number

Check if ☐ Employer is self-insuring ☐ Injured worker is owner/partner/member of rm

E-mail address	Federal ID number	Manual number

Was employee treated in an emergency room?

Was employee hospitalized overnight as an inpatient? ☐ Yes ☐ No

If treatment was given away from work site, provide the facility name, street address, city, state and ZIP code

☐ Certi cation - The employer certi es that the facts in this application are correct and valid.

☐ Rejection - The employer rejects the validity of this claim for the reason(s) listed below:

For self-insuring employers only

☐ Clari cation - The employer clari es and allows the claim for the condition(s) below:

Employer signature and title	Date	OSHA case number

BWC-1101 (Rev. 3/26/2009)

This form meets OSHA 301 requirements

FROI-1 (Combines C-1, C-2, C-3, C-6, C-50, OD-1, OD-1-22)

Tear off this sheet and re...