MN Department of Labor and Industry
Workers' Compensation Division
(651) 284-5032 or 1-800-342-5354

First Report of Injury

See Instructions on Reverse Side

Print in ink or type
Enter dates in MM/DD/YYYY format

FRO 1

DO NOT USE THIS SPACE

1. EMPLOYEE SOCIAL SECURITY #	2. OSHA case #	3. Time employee began work on date of injury	
123-45-6789		8:00	☑ am ☐ pm

4. DATE OF CLAIMED INJURY	5. Time of injury		6. Date of death	# of dependents (if death is related to injury)
01/01/2022	10:30	☑ am ☐ pm		

7. EMPLOYEE Name (last, suffix, first, middle)	8. Gender	9. Marital status
Doe, Jonathan	☑ M ☐ F	☐ Married ☑ Unmarried

10. Home address	11. Home phone #	12. Date of birth	13. Date hired
123 Main Street	(123) 123-1111	02/02/1985	08/05/2020

City	State	Zip Code	14. Occupation	15. Regular department	16. Apprentice
Minneapolis	MN	55966	Kennel Assistant		☐ Yes ☑ No

17. Average weekly wage	18. Rate per hour	19. Hours per day	20. Days per week	Normal work schedule Sun - Sat (S M T W T F S)	21. Employment status (check all that apply)
$ 300.00	$15.00	10.00	3.0	☐ ☑ ☐ ☑ ☐ ☑ ☐	☐ Full time ☑ Part time ☐ Seasonal ☐ Volunteer

22. **Tell us how the injury/illness occurred, what the employee was doing before the incident (give details), and what the injury/illness was.** *Examples: "Worker was driving lift truck with a pallet of boxes when the truck tipped, pinning worker's left leg under drive shaft." "Worker developed soreness in left wrist over time from daily computer key entry."*

I was mopping the floor and slipped and fell on the wet floor and landed on my elbow.

23. **What was the injury or illness (include the part(s) of body)?** *Examples: chemical burn left hand, broken left leg, carpal tunnel syndrome in left wrist.*	24. **What tools, equipment, machines, objects, or substances were involved?** *Examples: chlorine, hand sprayer, pallet lift truck, computer keyboard.*
Landed on my right elbow, bruised, swollen and painful	No object was involved

25. Did injury occur on employer's premises?	26. Date of first day of any lost time	27. Employer paid for lost time on day of injury (DOI)	
☑ Yes ☐ No		☐ Yes ☐ No	☑ No lost time on DOI
Name and address of the place of the occurrence	28. Date employer notified of injury	29. Date employer notified of lost time	
WellHaven Minneapolis 444 7th St Minneapolis, MN 55966	01/01/2022		
	30. Return to work date	31. RTW same employer	32. RTW with restrictions
	01/02/2022	☑ Yes ☐ No	☑ Yes ☐ No

33. Treating physician (name)	34. Extent of medical treatment (check all that apply)
Dr. Deer	☐ None ☐ Minor on-site by employer's medical staff ☑ Minor clinic/hospital
35. Certified Managed Care Organization (if any)	☐ Emergency room ☐ Hospitalization more than 24 hours
	☐ Future major medical anticipated

36. **EMPLOYER** Legal name	37. EMPLOYER DBA name (if different)	
WellHaven		
38. **Mailing** address	39. Employer FEIN	40. Unemployment ID #
444 7th St		
City / State / Zip Code	41. Employer's contact name and phone #	
Minneapolis / MN / 55966	Jane Manager (PM)	
42. **Physical** address (if different)	43. Witness (name and phone) - if more than 1 attach a separate sheet	
	Janice Jacobs	
City / State / Zip Code	44. NAICS code	45. Date form completed

46. **INSURER** name	51. **CLAIMS ADMIN COMPANY (CA)** name (check one) ☐ Insurer ☐ TPA
47. Insured legal name and FEIN	52. CA address
48. Policy # (including effective dates) or self-insured certificate #	City / State / Zip Code
49. Insurer FEIN / 50. Date insurer received notice	53. CA FEIN / 54. CA claim #

55. To be completed by the **CA**:	Claim type code:	Type of loss code:	Late reason code:	Salary paid in lieu of comp?	Death result of injury?

Employer: Send copies to Insurer (or Workers' Compensation Division if no insurer), employee, and employee's union (if applicable)

Witness Statement

Witness Name: Janice Jacobs	Date: 01/01/2022
Witness Position (if employee): Receptionist	Hospital: WellHaven Minneapolis
Witness Phone Number: 123-123-2222	

Incident Details

Name of Employee(s)/Person involved in the incident: Jon Doe	
Date of Incident: 01/01/2022	Approximate Time of Incident: 10:30 am

Witness Statement

How did the incident occur? What did you observe? Where did this incident happen? What do you do?

Jon was mopping the floors near the kennels and when he walked back to the the mop bucket he slipped on the wet floor and fell. When he fell, he landed on his right elbow. As the day went on Jon continued to try working and his elbow started turning black and blue and swolen.

He asked to seek medical attention after a few hours of being in pain and not being able work any longer.

Witness Signature: Janice Jacobs	Date: 01/01/2022

AmTrust- (All States Except for WA)
Phone: 866-272-9267
Fax: 775-908-3724 or 877-669-9140
Email: Amtrustclaims@qrm-inc.com

Human Resources
HR@wellhaven.com

Incident Investigation

Injured Employee Name: Jon Doe		Date of Report: 01/01/2022
Employee Job Title: Kennel Assistant	Hospital: WH Minneapolis	Date of Hire/Rehire: 08/05/2020
Date of Incident: 01/01/2022		Time of Incident: 10:30 am

Describe what the employee was doing right before the injury/accident occurred (i.e. what tools, equipment, structures, or fixtures were involved);:
Jon was mopping the kennel area.

Describe the injury/accident:
Fell on his right elbow

What caused the injury/accident?
Slipping on the wet floor

Were other people present at the time of the injury/accident? If yes, who?
Yes, Janice Jacobs who was a Receptionist

Was first aid administered immediately following the injury/accident? ☑ Yes ☐ No Explain:

What should be done to prevent the recurrence of this type of injury/accident in the future?
Use caution signs and do not walk on the wet floor

Additional Comments:

Supervisor's Signature: Jane Manager	Date: 01/01/2022

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Human Resources
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