

TYPE OF INJURY CODE PART OF BODY AFFECTED CODE CAUSE OF INJURY CODE (ENTER CODES, IF KNOWN)

TYPE OF INJURY OR ILLNESS

PARTS OF BODY AFFECTED

CAUSE OF INJURY

DID INJURY OR ILLNESS OCCUR ON EMPLOYER'S PREMISES? IF OUT OF STATE, SPECIFY STATE OF INJURY WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? WERE SAFEGUARDS OR SAFETY EQUIPMENT USED?

ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES DIRECTLY RESPONSIBLE

IF FATAL, GIVE DATE OF DEATH

- INITIAL TREATMENT:
[] NO MEDICAL TREATMENT
[] MINOR BY EMPLOYEE
[] CLINIC / HOSPITAL
[] PANEL PHYSICIAN
[] EMPLOYEE PHYSICIAN
[] EMERGENCY CARE
[] HOSPITALIZED MORE THAN 24 HOURS

PHYSICIAN/HEALTH CARE PROVIDER
FIRST NAME: LAST NAME:
STREET
CITY STATE ZIP

HOSPITAL NAME:
STREET
CITY STATE ZIP

POLICY PERIOD FROM:
MONTH DAY YEAR
POLICY PERIOD TO:
MONTH DAY YEAR

POLICY/SELF INSURED NUMBER:

WITNESS FIRST NAME WITNESS PHONE NUMBER

WITNESS LAST NAME

PERSON COMPLETING THIS FORM:
NAME:
TITLE:
PHONE:

INSURANCE CARRIER OR THIRD PARTY ADMINISTRATOR (IF SELF-INSURED)
NAME: Gallagher Bassett Services, Inc.
STREET: 540 Pellis Road, Ste. 3000
CITY: Greensburg, PA 15601 STATE ZIP
BUREAU CODE: FEIN:

DATE PREPARED
MONTH DAY YEAR

For assistance in completing this form call 1-800-831-3247 (Gallagher-Bassett Services, Inc.) re: Diocese of Erie Plan.

