Erie Insurance®

Workers' Compensation Injury Reporting Form

Contact 800-367-3743 to Report Claim

Reporter Name:_____ Phone #: _____

Policyholder Name: _____ Policy #: _____

Date of Injury: _____ Time of Injury: _____ ☐AM ☐PM (check one) NAICS Code (if unknown, leave blank): _____

Employer's contact name and job title: _____

Contact numbers: Work #:_____ Fax #: _____Secondary #:_____

Email Address:_____

Name of injured employee (Please use full legal given name): ☐Male ☐Female (check one)

First:_____ Middle initial: ___ Last: _____

Address of injured employee:

Street: _____

City: _____ State: _____ Zip Code: _____

County: _____

Phone number for employee: _____ ☐Home ☐Cell

Employee's Social Security # _____ Date of Birth _____

Dependent children under 18: _____

Marital status: ☐Single ☐Married ☐Divorced ☐Widowed (check one)

Date of Hire:_____ Occupation: _____

Address where injury happened: (Please name street, city, state, zip and county)

Street: _____

City: _____ State: _____ Zip Code: _____

County: _____

Date Employer notified of injury to Employee:_____ On Employer Premises? ☐Yes ☐No (check one)

Describe the injury and how the injury occurred: (list body part injured and which side, right or left)

Cause of Injury Choose an item:

Detailed Injury Type Choose an item:

Area of Body Choose an item:

Was there a witness? ☐Yes ☐No If Yes, what is their name and phone number? _____

Is the employee: ☐Full-time ☐Part-time ☐Seasonal ☐Other (check one)

Employees normal start time of day: _____ ☐AM ☐PM (check one)

Paid for the day of injury? ☐YES ☐NO Employee expected to miss more than ☐3 days ☐7 days

Did employee lose time from work? ☐YES ☐NO

How many **days** a week does the employee work:_____

Average weekly wage of employee: $_____

List where Employee sought treatment:

Name of Doctor or Hospital: _____

Address:_____

City: _____ State: _____ Zip Code: _____

Phone number for Doctor or Hospital: _____

Is a language interpreter needed? ☐YES ☐NO If YES, what language is preferred? _____

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SUBMIT RESET