DIVISION OF WORKERS COMPENSATION KS DEPT OF HUMAN RESOURCES 800 SW JACKSON STE 600 TOPEKA KS 66612-1227 BOD TOPEKA KS 66612-1227		
0	ubmit OSHA Case or File Number riginal There is a \$250 penalty for repeated failure to file Accident Reports within 28 days of the employer's receipt of knowledge of the accident.	DO NOT WRITE IN THIS SPACE
	READ INSTRUCTIONS BEFORE FILLING IT OUT.	
1.	Federal Employers Identification Number	
2.	Name of Employer Telephone # ()	
3.	Mailing Address	
4.		AGE
5.	Street City State Zip Code Nature of Business	OD
6.	Name of Employee Age Sex	
7.	Home Address	Y N
	Street City State Zip Code Soc. Sec. #	CAUSE
	Date of injury or Occupational Disease Time of injuryA.M./P.M.	
	Date Disability Began Gross Average Weekly Wage \$	NATURE
10.	Place of Accident or last exposure	
	City County State Was accident or last exposure on employer's premises? YES NO	SEVERITY
12.	How did accident occur?	O – NO TIME LOST
13.	What was employee doing when injured?	1 – TIME LOST
14.	Name substance or object that directly caused injury	2 - MEDICAL
15.	Describe in detail nature and extent of injury, indicate part of body involved	3 - FATAL
16.	Was worker admitted to hospital? YES NO Date Treated by emergency room only? YES NO Hospital name & address	SOURCE
17.	Name and address of attending physician or clinic	
		MEMBER
18.	Has employee returned to regular duty? YES NO Light duty? YES NO Date	
19.	Is compensation now being paid? YES NO Date first/initial payment	
20.	Weekly compensation rate \$ Is further medical aid needed?	
21.	Did employee die? YES NO If so, give date of death (File amended report within 28 days if death subsequently occurs.)	DO NOT WRITE
22.	Name and address of dependents (death cases only)	
23.	Insurance Carrier and Third Party Administrator	
	Address	
	Policy Number Name of Agent	
<u>.</u>	Claim Number Name of Claim Representative	
24.	Date of Report Completed by Title	
K-V	Questions or comments can be directed to the Kansas Division of Workers Compensation, Topeka, KS Phone: 1 800 332 0353 /C 1101-A (Rev.1-02) - SUBMISSION DOES NOT CONSTITUTE ADMISSION OF LIABILITY -	