



## REPORT OF INJURY

RE: \_\_\_\_\_

MemberID#: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Where did the injury occur: \_\_\_\_\_

Brief description of injury: \_\_\_\_\_

\_\_\_\_\_

Name of responsible party: \_\_\_\_\_

Address of responsible party: \_\_\_\_\_

Responsible insurance carrier: \_\_\_\_\_

Address, City & State: \_\_\_\_\_

\_\_\_\_\_

Claim Number: \_\_\_\_\_

Have you hired an attorney: \_\_\_\_\_

Name/Address/Phone# of attorney: \_\_\_\_\_

\_\_\_\_\_

If available, please attach a copy of an accident report.