**EMPLOYER’S REPORT OF INDUSTRIAL INJURY**

**INDUSTRIAL COMMISSION OF ARIZONA**

**FOR CARRIER USE ONLY**

**FOR OSHA PURPOSES ONLY**

**MAIL TO:** (CARRIER NAME & ADDRESS) Gallagher-Basset Services

4110 N. Scottsdale Rd., Suite 240

Scottsdale, AZ 85251

Fax# 480-443-8416

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**EMPLOYEE**

1. LAST NAME

2. M.I.

3. MIDDLE NAME

4. U.S. SOCIAL SECURITY NUMBER

5. DATE OF BIRTH

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**EMPLOYER**

6. EMPLOYER'S NAME

7. POLICY NUMBER

8. LOT NUMBER

9. ADDRESS OR LOCATION OF ACCIDENT

10. EMPLOYER’S NAME

11. TELEPHONE

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**ACCIDENT**

12. DATE OF INJURY OR ILLNESS

13. TIME OF EVENT

14. TIME EMPLOYEE BEGAN WORK

15. DATE EMPLOYER NOTIFIED OF INJURY

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**EMPLOYEE’S WAGE DATA**

16. WAS WORKER IN YOUR EMPLOY?

17. HOURS PER DAY EMPLOYEE WORKED

18. WAS EMPLOYEE OVERTIME?

19. NUMBER OF DAYS PER WEEK

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**IMPORTANT**

1. RETURN SAME FORM TO YOUR INSURANCE CARRIER WITHIN 10 DAYS OF NOTIFICATION OF INJURY.

2. DO NOT RETURN THIS FORM TO THE COMMISSION;

3. MAKE A COPY OF THIS FORM AND MAIL IT TO THE COMMISSION WITHIN 10 DAYS OF NOTIFICATION OF INJURY.

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**CAUSE OF ACCIDENT**

40. WHAT HAPPENED?

41. IF ANOTHER PERSON NOT IN COMPANY EMPLOYED, GIVE NAME AND ADDRESS

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**NOTE TO EMPLOYER:**

1. Mail one copy to the Industrial Commission within 10 days.

2. Mail one copy to your insurance carrier within 10 days.

3. Keep one copy for not less than five (5) years, as your supplementary record of injuries required by the Federal Occupational Safety and Health Act of 1970.

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**INDUSTRIAL COMMISSION OF ARIZONA**

**P.O. BOX 19070**

**PHOENIX, ARIZONA 85005-9070**

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**THIS FORM APPROVED BY THE INDUSTRIAL COMMISSION OF ARIZONA FOR CARRIER USE**