



# Incident Only Report Form

Complete if no treatment is sought.

Note: Hamilton County's preferred provider is TriHealth Occupational Medicine.

Hamilton County

## Employee & Supervisor:

Please, (1) Complete (2) Sign (3) Fax this form to Workers Compensation at 513-946-4730 (4) Deliver the form to Departmental/Agency Worker's Compensation Liaison *within 24 hours of the incident.*

### EMPLOYEE INFORMATION:

Today's Date: \_\_\_\_\_ Report Completed by: \_\_\_\_\_

Employee Name (First, Middle Initial, Last): \_\_\_\_\_

Home Address (street, city state, zip code): \_\_\_\_\_

Local Phone: \_\_\_\_\_  HOME  CELL Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex (male/female): \_\_\_\_\_

Marital Status: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Department: \_\_\_\_\_ Work Status (full-time, part-time): \_\_\_\_\_

Work Schedule: \_\_\_\_\_

### INJURY INFORMATION:

Date of Injury: \_\_\_\_\_ Time of Incident/Injury: \_\_\_\_\_

Date Incident/Injury Reported: \_\_\_\_\_ Time Injury/Incident Reported: \_\_\_\_\_

Location of Incident/Accident: \_\_\_\_\_ Body Part Affected: \_\_\_\_\_

Reported Injury to: (Name and Phone Number): \_\_\_\_\_

At What Phase of Workday Incident/Accident Occurred:  Work Period  Rest Period  Meal Period  Entering/Leaving Work

Other List Witness(es) Names and Phone Numbers: \_\_\_\_\_

Describe exactly how the incident occurred (who, what, when, where, why and specific acts/conditions which may have led to the incident):

Do you plan to seek treatment?  Yes  No (If "Yes", please complete a First Report of Injury.)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date:

**Return/Fax All Completed  
Injury/Incident Report Forms To  
Worker's Compensation Fax:  
513-946-4730**

Any person who obtains compensation from BWC or self-insuring employers by: knowingly misrepresenting or concealing facts, making false statements, or accepting compensation to which he/she is not entitled, is subject to felony criminal prosecution for fraud (R.C 2913.48).