Los Angeles Unified School District
Workers' Compensation Injury Report Worksheet
Call 1-800-LAUSDWC (1-800-528-7392)

Employee's Assigned Location	Location Code
Date of Incident	Time of Incident AM/PM
Time Employee began work AM/PM	
Date Incident Reported to District	Time Incident Reported to District AM/PM
Name and Title of person to whom incident was reported	Date an Employee Claim Form was provided to employee
Caller's Name/Title	Caller's Phone Number
State Unemployment Insurance Account Number **94-5052**	

Claimant Information

Employee Name		Employee ID#
Employee SS#		Employee Title
Work Phone	Home Phone	Cell Phone
Home Address		Date of Birth
		Date of Hire
		Date of Termination (if applicable)
Full-time	Part-time	Gender _____M _____F
Average number of hours work per day M_____ T_____ W_____ Th_____ F_____ Sa_____ Su_____		Wages: $_____Monthly $_____Weekly $_____Hourly
Supervisor's Name/Title		Supervisor's Phone Number/Email address

Incident Information

Description of Incident	
Cause of Incident (lifting, slip and fall, etc.)	Primary Body Part Injured (lower back, left/right hand, etc.)
Equipment, materials and chemicals that the claimant was using when the incident or exposure occurred	Specify activity the claimant was performing when the incident or exposure occurred
Location where incident or exposure occurred (classroom, cafeteria, etc.)	Were other employees injured/ill in this event?
Safeguard/Safety equipment provided?	Safeguard/Safety equipment used?
Nature of Incident (strain, burn, fracture, etc.)	Was Medical Treatment Received Yes/No Did employee go to the Emergency Room Yes/No
Was Accident Investigation Completed? Yes/No	ISTAR Control Number (if available)
Name of Doctor	Name of Hospital/Clinic
Address of Hospital/Clinic	
Phone Number	
Incident Location (if different from employee's assigned location)	
Witness Name/Phone Number	Witness Name/Phone Number
Last date worked:	Paid for date of injury? Yes/No
Date returned to work:	Full Duty Yes/No / Modified Duty Yes/No

Additional Information

Was there medical treatment beyond First Aid?
Did the employee lose consciousness?
Did a health care professional diagnose a significant injury or illness?
Did the injury or illness involve a needle stick from a contaminated needle?
Was the employee hospitalized overnight as an in-patient?