



21651 E. COUNTRY VISTA DRIVE, STE. F • LIBERTY LAKE, WA 99019

INJURY ON-THE-JOB / LABOR AND INDUSTRY CLAIM

Date of Accident: ___/___/___

Employer: _____

Are you Self-Insured? Yes No

Describe the Accident: _____

Was your manager notified? Yes No
Was there an injury claim completed? Yes No

Name of Supervisor: _____
Phone Number: () _____

Did you go to the hospital? Yes No
Where you taken by an ambulance or any other vehicle? _____

What was done at the hospital: X-Rays? Yes No **Other imaging?** Yes No
Medication? Yes No **If “Yes” to any, please describe:** _____

Have you had a similar injury in the past? Yes No **If “Yes”, please describe:** _____

Have you lost days of work? Yes No **How many?** _____