



Mankato Area Public Schools
FIRST REPORT OF INJURY

EMPLOYEE NAME (Last, First, Middle)	EMPLOYEE SOCIAL SECURITY NO	DATE OF CLAIMED INJURY	
HOME ADDRESS (Include City & Zip)	SEX _____ Male _____ Female	MARITAL STATUS _____ Married _____ Not	
OCCUPATION	DATE OF BIRTH ____/____/____	DATE HIRED ____/____/____	
REGULAR DEPT.	DESIGNATED PHONE NO.:	APPRENTICE _____ No _____ Yes	
WAGE INFORMATION Average Wage / Week	RATE PER HOUR	DAYS PER WEEK	HOURS PER DAY
EMPLOYMENT STATUS _____ Full Time _____ Part Time _____ Seasonal			
OCCURRENCE Place (include dept. & full address)	Date of First Day of Lost Time ____/____/____	Date Employer was Notified of Injury ____/____/____	
	Return to Work Date ____/____/____	Date Employer was Notified of Lost Time ____/____/____	
	Date of Death ____/____/____	Time of Day of Injury _____ A.M. _____ P.M.	
On Employer's Premises? ___ YES ___ NO			
DESCRIBE NATURE OF INJURY OR ILLNESS <u>IN DETAIL</u> . (Be Specific. Include part(s) of body affected, right or left, e.g., amputation of right index finger at 2 nd joint, fractured arm, lead poisoning).			
DESCRIBE EMPLOYEE'S ACTIVITIES WHEN INJURY OCCURRED WITH DETAILS OF HOW EVENT OCCURRED (Include tools, machinery, object, vapors, chemicals, radiations, etc.).			
Is a student involved in this injury? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete and attach a copy of the filled out Pupil Injury Report.			
WHAT IS THE INJURY: (Be specific. e.g., right shoulder pain, cut to left thumb, pain in right wrist, etc.)			
PHYSICIAN (Name, Title, Address, Phone) (Fill in only if you saw a doctor for this injury.)	HOSPITAL / CLINIC (Name & Address)		
	WITNESS (Name & Phone Number)		
	Date this form was completed		

Return form to your Supervisor and send to Joe Meixl at the Business Office. (Form Revised 11/26/08)
 Any person who with intent to defraud receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to section 609.52, subdivision 3.