

Name of Company: DeKalb County Government

City: Sycamore, IL

Name of Employee: _____

Date of Accident: _____

ACCIDENT INFORMATION CHECKLIST

This checklist must accompany all Employer's First Report of Injury forms when the employee is missing time from work. This checklist provides essential information not contained on the Illinois Form 45.

ACCIDENT

- () Verified by Employer
- () Disputed by Employer
- () Further Investigation requested by Employee Benefits Corp.

LOST TIME

- () No Lost Time
- () Less than 14 days: From _____ To _____
- () More than 14 days: From _____ To _____

DATE OF HIRE (Month/Day/Year) : _____

DEPARTMENT: _____

SUPERVISOR : _____

REMARKS: _____
