

ILLINOIS FORM 45: EMPLOYER'S FIRST REPORT OF INJURY
Please type or print.

Employer's FEIN	Date of report	Case or File #	Is this a lost workday case? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer's name		Doing business as		
Employer's mailing address			Employer's email address	
Nature of business or service			SIC code	
Name of workers' compensation carrier/admin.		Policy/Contract #	Self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employee's full name			Birthdate	
Employee's mailing address			Employee's e-mail address	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	# Dependents	Employee's average weekly wage	
Job title or occupation			Date hired	
Time employee began work <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Date and time of accident		Last day employee worked	
If the employee died as a result of the accident, give the date of death.		Did the accident occur on the employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address of accident				
What was the employee doing when the accident occurred?				
How did the accident occur?				
What was the injury or illness? List the part of body affected and explain how it was affected.				
What object or substance, if any, directly harmed the employee?				
Name and address of physician/health care professional				
If treatment was given away from the worksite, list the name and address of the place it was given.				
Was the employee treated in an emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the employee hospitalized overnight as an inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Report prepared by	Signature	Title and telephone #	Email address	

Please send this form to: ILLINOIS WORKERS' COMPENSATION COMMISSION 4500 S. SIXTH ST. FRONTAGE ROAD SPRINGFIELD, IL 62703-5118

By law, employers must keep accurate records of all work-related injuries and illness (except for certain minor injuries). Employers shall report to the Commission all injuries resulting in the loss of more than three scheduled workdays. Filing this form does not affect liability under the Workers' Compensation Act and is not incriminatory in any sense. This information is confidential. IC45 8/12