

**"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"
(Incident Report)
Pursuant to NRS 616C.015**

Name of Employer _____

| | | | | | |
|---|-------------------------------------|---|--|------------------|-------------------------------|
| Name of Employee | | Social Security Number | | Telephone Number | |
| Date of Accident (if applicable) | Time of Accident (if applicable) | Place where accident occurred (if applicable) | | | |
| What is the nature of the injury or occupational disease? | | | List any body parts involved: | | |
| Briefly describe accident or circumstances of occupational disease: (Note: if you are claiming an occupational disease, indicate the date on which employee first became aware of connection between condition and employment) | | | | | |
| Names of witnesses: | | | | | |
| Did the employee _____ YES leave work because _____ NO of the injury or occupational disease? | | If yes, when (date and time)? | Has the employee _____ YES returned to work? _____ NO | | If yes, when (date and time)? |
| Was first aid _____ YES provided? _____ NO | | If yes, by whom? | Name and address of treating physician, if applicable or known | | |
| Did the accident happen _____ YES in the normal course _____ NO of work? (if applicable) | | | | | |
| Was anyone _____ YES else involved? _____ NO | | Names of others involved | | | |

MY EMPLOYER/INSURER MAY HAVE MADE ARRANGEMENTS TO DIRECT ME TO A HEALTH CARE PROVIDER FOR MEDICAL TREATMENT OF MY INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE. I HAVE BEEN NOTIFIED OF THESE ARRANGEMENTS.

Supervisor's Signature

Date

Signature of Injured or Disabled Employee

Date

TO FILE A CLAIM FOR COMPENSATION, SEE REVERSE SIDE, SECTION ENTITLED, CLAIM FOR COMPENSATION (FORM C-4).

For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: <http://govcha.state.nv.us> E-mail: cha@govcha.state.nv.us

Employee should sign, date and retain a copy.
Original to Employer, Copy to Employee