

General	Employer (Name & Address incl. zip)				County-Administrator County Number				Reason/Purpose Code				
	City/State (Name, Address & Phone Number)				JURISDICTION		JURISDICTION CLAIM NUMBER						
					Insured Report Number								
	Zip Code				Employer FEIN				Employer's Location Address (if different)				Location Zip
General/Claim Info	Carrier (Name, Address & Phone Number)				Policy Period		Carrier Agent (Name, Address & Phone Number)						
	Carrier FEIN				Policy Number or Self-Insured Number		Agent Name & Code Number						
					Agent Name & Code Number								
	Legal Name (Last, First, Middle)				Date of Birth		Social Security Number		Date Hired		State of Hire		
Employee Info	Address (incl. Zip)				Sex		Marital Status		Occupation/Job Title				
					<input type="checkbox"/> Male		<input type="checkbox"/> Married		Employment Status				
					<input type="checkbox"/> Female		<input type="checkbox"/> Unmarried Single/Div.						
	Phone				<input type="checkbox"/> Unknown		<input type="checkbox"/> Separated		MOIST Class Code				
Age				No. of Dependents		<input type="checkbox"/> Unknown		MOIST Class Code					
Wages Rate				<input type="checkbox"/> Day		<input type="checkbox"/> Night		First Incident		Full Pay for Date of Injury?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
IS				<input type="checkbox"/> Week		<input type="checkbox"/> Other		Was Worker on Job		Did Salary Continue?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Time Employed				Date of Injury or Illness		Time Occurred		<input type="checkbox"/> AM <input type="checkbox"/> PM		Last Work Date		Date Employer Notified	
Begin Date				End Date		Date Employer Notified		Total Disability		Begin Date		End Date	
Employer Contact Name/Phone Number				Type of Illness/Injury				Part of Body Affected					
Did Injury/Illness Exposure Occur on Employer's Premises?				Yes <input type="checkbox"/> No <input type="checkbox"/>				Type of Illness/Injury Code				Part of Body Affected Code	
Department or location where accident or illness exposure occurred				All Equipment, Materials, or Chemicals Employee Was Using when Accident or Illness Exposure Occurred				Work Process the Employee Was Engaged in when Accident or Illness Exposure Occurred					
Specify Activity the Employee was engaged in when the accident or illness exposure occurred.				How Injury or Illness/Work-related health condition occurred. Describe the sequence of events and include any objects or substances that directly injured the employee or made the employee ill.				Cause of Injury Code					
Date Returned to Work				If Fatal, Date of Death				Were Safeguards or Safety Equipment Provided?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician/Health Care Provider (Name & Address)				Hospital (Name & Address)				Were They Used?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address to Accident (Name & Phone Number)				Initial Treatment				<input type="checkbox"/> 0 No Medical Treatment <input type="checkbox"/> 1 Minor, By Employer <input type="checkbox"/> 2 Minor, Out-of-Hospital <input type="checkbox"/> 3 Emergency Care <input type="checkbox"/> 4 Hospitalized - 24 Hr. <input type="checkbox"/> 5 Full/Long-Term Hospitalization <input type="checkbox"/> 6 Other					
Date Administrator Notified				Date Reported				Reporter's Name & Title				Reporter's Phone Number	
LA-1 (PUB)				SEE NEXT PAGE FOR IMPORTANT STATE INFORMATION/SIGNATURE									

# Kentucky Work Comp First Report Forms

**Ronald W. Eades**



## **Kentucky Work Comp First Report Forms:**

**Kentucky Workers' Compensation** Ronald W. Eades,1989      *Kentucky Administrative Regulations Service* ,2004  
**Workmen's Compensation Law of Kentucky** Nicholas Herman Dosker,1927      **Kentucky Workers' Compensation**  
Shirley A. Champa,1982      **Kentucky Workmen's Compensation Law, Annotated ...** Kentucky,1982      **State Workers'**  
**Compensation Administration Profiles** ,1997      **Information on the Administration of Workers' Compensation**  
**Programs in Each State and the District of Columbia** ,1996      **Workmen's Compensation** United States. Bureau of  
Labor Standards,1966      **BNA's Workers' Compensation Report** ,2011      **Legal Liability** Thomas D. Schneid,Michael  
S. Schumann,2006-06-20 The field of safety is not new to the industry but professional status has severely changed The goal  
of every safety professional and safety programs is to be proactive and to identify problems while complying within safety  
guidelines This text clarifies in answering basic questions about legal liability how to minimize prevent and identify legal  
risks Appendices case studies and sample forms are also included in this helpful resource      *Supplementary Data System ...*  
*Injury/illness Summary* ,1982      **Construction Accidents** ,1992      **Baldwin's Kentucky Revised Statutes Annotated**  
Kentucky,2006      **Labor Laws and Their Administration** International Association of Governmental Labor Officials.  
Convention,1965      *Compendium on Workmen's Compensation* Chester Arthur Williams,Peter S. Barth,United States.  
National Commission on State Workmen's Compensation Laws,1973 Commentary on social security legislation in respect of  
employment accident benefits in the USA examines statistical data on occupational accidents and the economic implications  
thereof covers employers liability occupational pension schemes vocational rehabilitation provisions legal aspects  
administrative aspects costs etc includes a comparison of selected countries and considers social policy alternatives ILO  
mentioned References and statistical tables      *H.R. 3802, the Electronic Reporting Streamlining Act of 1996 and H.R. 3189,*  
*to Delay the Privatization of the Office of Federal Investigations of the Office of Personnel Management* United States.  
Congress. House. Committee on Government Reform and Oversight. Subcommittee on Government Management,  
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Industrial Accident Boards and Commissions,1974      *Supreme Court Appellate Divison Third Department* ,      **Court of**  
**Appeals State of New York Appeal Book** ,

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