CCRES WORK-RELATED ACCIDENT FORM

This form must be completed and sent to the CCIU Coordinator of Home and Community Services if you are **HURT** on the job. Complete this form even if you do not seek medical attention. If you do go to the doctor, please tell him/her that the injury was on the job and is covered by workers' compensation. Send bills to CCRES. If you do not complete this form, your medical expenses will not be covered. Please submit this form within 24 hours of your injury. Call CCRES with questions at 610-269-4740. Fax 610-269-6240.

<table>
<tr><td>1. Date of Report</td><td>2. Date of Injury and Time</td><td>3. Normal Starting Time</td><td>4. If Back to Work, Return Date</td></tr>
<tr><td>5. Date Injury Reported</td><td colspan="3">6. Individual(s) to Whom Injury was Reported</td></tr>
<tr><td colspan="2">7. Employee Name: First Middle & Last</td><td>8. Social Security Number</td><td>9. Gender (Circle One)
Female / Male</td></tr>
<tr><td>10. Home Phone Number</td><td colspan="3">11. Address</td></tr>
<tr><td>12. Married (Circle One)
Yes / No</td><td>13. Number of Children < 18</td><td>14. Date of Birth</td><td>15. Age</td></tr>
<tr><td>16. Occupation</td><td>17. Years Employed @ CCRES</td><td colspan="2">18. Place of Injury: Name of Premises and Address</td></tr>
<tr><td colspan="4">19. What Were You Doing When Injured? (Please be Specific)</td></tr>
<tr><td colspan="4">20. How Did Injury Occur? (Please Describe Fully the Events Which Resulted in Injury or Disease)</td></tr>
<tr><td colspan="4">21. Nature and Location of Injury or Disease (Please Describe Fully, Including Parts of Body Affected)</td></tr>
<tr><td colspan="2">22. Did Injury or Disease Occur Due to Mechanical Defect?
(Circle One) Yes / No</td><td colspan="2">23. Did Injury or Disease Occur Due to Unsafe Act?
(Circle One) Yes / No</td></tr>
<tr><td colspan="4">24. Attending Physician/Hospital Name and Address (Include only if Physician/Hospital Consulted)</td></tr>
<tr><td colspan="2">25. Witness Signature and Date</td><td colspan="2">26. Witness Signature and Date</td></tr>
<tr><td colspan="2">27. Supervisor Signature and Date</td><td colspan="2">28. Employee Signature and Date</td></tr>
</table>

Submit completed form to CCIU Coordinator of Home and Community Services.
CCIU will forward form to CCRES on your behalf.