THE CITY OF NEW YORK - WORKERS' COMPENSATION CLAIM INITIATION

Supervisor's/Agency - "REPORT OF INJURY"

FISA FORM WCS-120 (8/00)

(CONTINUED ON REVERSE SIDE)

CLAIM NUMBER

INJURED EMPLOYEE NAME

FIRST NAME | M.I. | LAST NAME

SOCIAL SECURITY NUMBER

EMPLOYEE'S ADDRESS

STREET LOCATION | APT #, FL.#, BOX #

BORO, CITY OR TOWN | STATE | ZIP

DATE OF ACCIDENT / INJURY (MONTH / DAY / YEAR)

TIME OF ACCIDENT (HOUR : MINUTE) AM PM

WAS EMPLOYEE ABSENT DUE TO INJURY? YES NO

INITIAL ABSENCE DATE (MONTH / DAY / YEAR)

INITIAL ABSENCE TIME (HOUR : MINUTE) AM PM

IS EMPLOYEE EXPECTED TO RETURN TO WORK? YES NO

INJURED WORKER'S WORK WEEK

SUN	MON	TUE	WED	THU	FRI	SAT

(ENTER AN "X" FOR DAYS USUALLY WORKED)

HAS EMPLOYEE RETURNED TO WORK? YES NO

RETURN TO WORK DATE (MONTH / DAY / YEAR)

DATE SUPERVISOR NOTIFIED (MONTH / DAY / YEAR)

TIME NOTIFIED (HOUR : MINUTE) AM PM

SUPERVISOR'S FIRST NAME | M.I. | LAST NAME

TITLE | (AREA CD) | WORK TELEPHONE # | EXTENSION

WAS ACCIDENT ON EMPLOYER'S PREMISES? YES NO

DID ACCIDENT OCCUR DURING WORK HOURS? YES NO

DID ACCIDENT OCCUR DURING LUNCH BREAK? YES NO

WAS EMPLOYEE TRAVELING TO/FROM WORK? YES NO

WAS EMPLOYEE TRAVELING BETWEEN WORK SITES? YES NO

DID ACCIDENT OCCUR AT NORMAL WORKSITE? YES NO

IF NO, GIVE EXACT ACCIDENT LOCATION

COUNTY

WAS EMPLOYEE ON SPECIAL OR WORK RELATED FIELD ASSIGNMENT? YES NO

IF YES, DESCRIBE FIELD ASSIGNMENT

CONTINUATION #1 ATTACHED

WAS INJURY WITNESSED BY SUPERVISOR? YES NO *INJURY DESCRIPTION AS WITNESSED BY SUPERVISOR OR AS REPORTED MUST BE PROVIDED BELOW*

CONTINUATION #2 ATTACHED

DID EMPLOYEE FOLLOW STANDARD PROCEDURES AT TIME OF ACCIDENT? YES NO

IF NO, DETAILS REQUIRED

CONTINUATION #3 ATTACHED

DID EMPLOYEE'S ACTION OR BEHAVIOR CONTRIBUTE TO THE ACCIDENT? YES NO

IF YES, DETAILS REQUIRED

CONTINUATION #4 ATTACHED

ARE DISCIPLINARY ACTIONS PENDING OR CONSIDERED AGAINST EMPLOYEE? YES NO

IF YES, DETAILS REQUIRED

CONTINUATION #5 ATTACHED

DOES THE AGENCY RECOMMEND TO CONTROVERT? YES NO

IF YES, DETAILS REQUIRED

CONTINUATION #6 ATTACHED

WAS MEDICAL CARE PROVIDED BY AGENCY OR MEDICAL PERSONNEL? YES NO

IF YES, PROVIDE DATE & EXPLAIN MEDICAL CARE PROVIDED (MONTH / DAY / YEAR)

DATE MEDICAL CARE PROVIDED

CONTINUATION #7 ATTACHED

WAS A DOCTOR / MEDICAL REPORT SUBMITTED? YES NO

IF YES, PROVIDE DATE & INITIAL DIAGNOSIS (MONTH / DAY / YEAR)

DOCTOR / MEDICAL REPORT DATE

CONTINUATION #8 ATTACHED

ARE YOU AWARE OF PRE-EXISTING CONDITIONS? YES NO

IF YES, EXPLAIN CONDITION(S)

CONTINUATION #9 ATTACHED

DOCTOR

NAME: FIRST | M.I. | LAST

ADDRESS: STREET LOCATION

BORO, CITY OR TOWN | STATE | ZIP | PLUS 4

HOSPITAL

NAME: FIRST | M.I. | LAST

ADDRESS: STREET LOCATION

BORO, CITY OR TOWN | STATE | ZIP | PLUS 4

INJURY DESCRIPTION *(SEE CODE TABLE FOR DETAILED INJURY, CAUSE & BODY PART DESCRIPTION CODE BREAKDOWN*

NATURE OF INJURY	INJURY TYPE	INJURY CODE	DESCRIPTION
	SI ☐ SPECIFIC INJURY / OD ☐ OCCUPATIONAL DISEASE	☐☐	

☐ CONTINUATION #10 ATTACHED

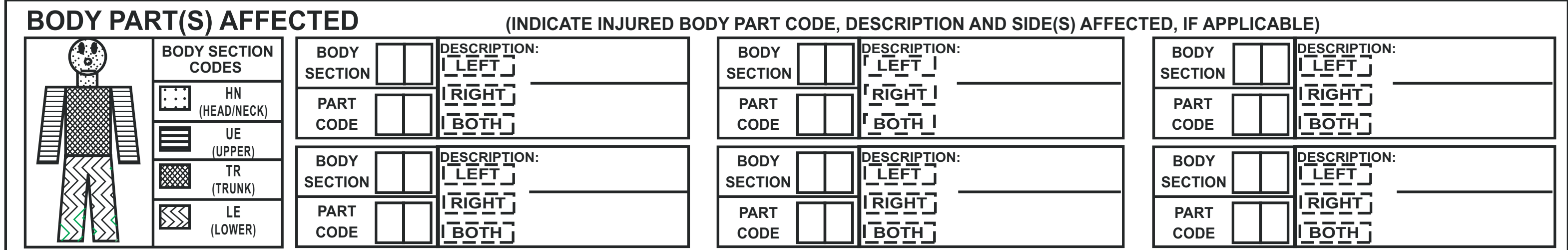
CAUSE OF ACCIDENT	CAUSE CODE	CAUSE TYPE (CHECK ONE)
	☐☐	☐ EXPOSURE(EX) ☐ FALL/SLIP(FS) ☐ STRIKING AGAINST/STEP ON(SA) ☐ CAUGHT BETWEEN(CB) ☐ MOTOR VEHICLE(MV) ☐ STRUCK/INJURED(SK) ☐ CUT/PUNCTURE(CP) ☐ STRAIN/INJURED (SN) ☐ MISCELLANEOUS CAUSE(MS)

DESCRIPTION

☐ CONTINUATION #11 ATTACHED

BODY PART(S) AFFECTED

(INDICATE INJURED BODY PART CODE, DESCRIPTION AND SIDE(S) AFFECTED, IF APPLICABLE)



BODY SECTION CODES: HN (HEAD/NECK), UE (UPPER), TR (TRUNK), LE (LOWER)

BODY SECTION	PART CODE	DESCRIPTION:	SIDE
☐☐	☐☐		LEFT / RIGHT / BOTH
☐☐	☐☐		LEFT / RIGHT / BOTH
☐☐	☐☐		LEFT / RIGHT / BOTH
☐☐	☐☐		LEFT / RIGHT / BOTH
☐☐	☐☐		LEFT / RIGHT / BOTH
☐☐	☐☐		LEFT / RIGHT / BOTH

EMPLOYEE'S JOB DESCRIPTION

JOB TASK AT TIME OF INJURY	FUNCTIONAL TITLE & DESCRIPTION	TYPICAL WORKDAY (8 HR. MAX.)	SITTING HOUR : MINUTE	STANDING HOUR : MINUTE	WALKING HOUR : MINUTE
			☐☐ : ☐☐	☐☐ : ☐☐	☐☐ : ☐☐

TYPICAL WORKDAY TASKS — INDICATE WORKDAY ACTIVITY %

ACTIVITY	0 % (N / A)	10 % (MINIMAL)	20 % (OCCASIONAL)	35 % (MODERATE)	50 % (FREQUENT)	70 - 100 % (CONTINUOUS)
BENDING / SQUATTING	A	B	C	D	E	F
CLIMBING	A	B	C	D	E	F
KNEELING	A	B	C	D	E	F
LIFTING * Complete Lifting Detail Section	A	B	C	D	E	F
REACHING ABOVE SHOULDER	A	B	C	D	E	F
PUSH / PULL	A	B	C	D	E	F

LIFTING DETAILS

*LIFTING	0 % (N / A)	10 % (MINIMAL)	20 % (OCCASIONAL)	35 % (MODERATE)	50 % (FREQUENT)	70 - 100 % (CONTINUOUS)
UP TO 10 POUNDS	A	B	C	D	E	F
11 TO 20 POUNDS	A	B	C	D	E	F
21 TO 30 POUNDS	A	B	C	D	E	F
31 TO 50 POUNDS	A	B	C	D	E	F
OVER 50 POUNDS	A	B	C	D	E	F

INDICATE THE PERCENTAGE OF WEIGHT LIFTED PER CATEGORY DURING A TYPICAL WORKDAY

IS KEYBOARD USED? ☐ YES ☐ NO — IF YES, HOW MANY HRS PER WEEK? ☐☐

ARE HANDS USED FOR NON KEYBOARD REPETITIVE MOTION? ☐ YES ☐ NO — IF YES, EXPLAIN WHAT OTHER REPETITIVE MOTIONS ARE PERFORMED?

DID ACCIDENT INVOLVE A MOTOR VEHICLE? ☐ YES ☐ NO IF YES, WAS VEHICLE REGISTERED TO THE CITY OF NEW YORK? YES ☐ NO ☐ USE OF CITY VEHICLE AUTHORIZED? YES ☐ NO ☐ EMPLOYEE STRUCK BY CITY VEHICLE? YES ☐ NO ☐ EMPLOYEE DRIVING A CITY VEHICLE? YES ☐ NO ☐

WAS INJURED ON PUBLIC TRANSPORTATION? YES ☐ NO ☐ IF YES, EXPLAIN

☐ *CONTINUATION #12 ATTACHED*

WAS EMPLOYEE A VEHICLE PASSENGER? YES ☐ NO ☐

DID EMPLOYEE DIE FROM INJURY? YES ☐ NO ☐
IF YES, ANSWER THE FOLLOWING QUESTIONS

DATE EMPLOYEE DIED: MONTH / DAY / YEAR

TIME EMPLOYEE DIED: HOUR : MINUTE ☐ AM ☐ PM

NAME OF NEAREST RELATIVE: FIRST ______ M.I. ☐ LAST NAME ______

RELATIONSHIP ______ HOME TELEPHONE # ______

ADDRESS: STREET LOCATION (INCLUDE APT/FL#) ______

BORO, CITY OR TOWN ______ STATE ______ ZIP ______ PLUS 4 ______

IDENTIFY PERTINENT DOCUMENTATION
(e.g. Police Report, Safety Reports, etc.) ______

☐ *CONTINUATION #13 ATTACHED*

WAS INJURY CAUSED BY ASSAULT ON THE JOB? ☐ YES ☐ NO *IF YES, PROVIDE INFORMATION BELOW*

ASSAILANT WAS: ☐ CO - WORKER ☐ FRIEND, FAMILY OR ACQUAINTANCE ☐ CLIENT ☐ OTHER ______
☐ OFFENDER ☐ OWNER / OPERATOR ☐ OUTSIDE CONTRACTOR

ASSAULTED BY

NAME OF ASSAILANT: FIRST ______ M.I. ☐ LAST NAME ______

ADDRESS: STREET LOCATION (INCLUDE APT/FL#) ______

BORO, CITY OR TOWN ______ STATE ______ ZIP ______ PLUS 4 ______

HOME TELEPHONE # ______ WORK TELEPHONE # ______ EXTENSION ______

CAN YOU PROVIDE DETAILED EVENTS PRECEDING ASSAULT? ☐ YES ☐ NO — IF YES, EXPLAIN ______

☐ *CONTINUATION #14 ATTACHED*

DID ASSAULT INVOLVE A PERSONAL MATTER? ☐ YES ☐ NO — IF YES, EXPLAIN ______ ☐ *CONTINUATION #15 ATTACHED*

DID ASSAULT INVOLVE WORK RELATED MATTER? ☐ YES ☐ NO — IF YES, EXPLAIN ______ ☐ *CONTINUATION #16 ATTACHED*

DID THE EMPLOYEE START, PROVOKE OR PROLONG THE ASSAULT IN ANY WAY? ☐ YES ☐ NO — IF YES, EXPLAIN ______ ☐ *CONTINUATION #17 ATTACHED*

PREPARED BY (Please Print)	TITLE
SIGNATURE	TEL # DATE