

CITY OF EL PASO
WORKERS' COMPENSATION PROGRAM
Completion and Distribution of Forms

INJURED EMPLOYEE STATEMENT

1. Have Employee fill out INJURED EMPLOYEE STATEMENT form as soon as he reports an injury unless the Employee requires immediate medical treatment.
2. If Employee requires immediate medical treatment have Employee fill out INJURED EMPLOYEE STATEMENT form as soon as practicable.
3. Preferably Employee should complete form in his handwriting and in his own words. If he is unable to complete the form without assistance make sure individual assisting Employee uses Employee's own words and descriptions. Employee must sign statement.
4. **DO NOT** delay the completion of DWC-1 and Supervisor's Report until completion of this form.
5. Give Employee a copy of completed form.
6. Fax a copy to CAS at 903-509-1888 or fax directly to your assigned adjuster
7. Send a copy to Human Resources – Payroll
8. Send a copy to Insurance & Benefits
9. Retain a copy.
10. **DO NOT** send copy to LEGAL.

City of El Paso
INJURED EMPLOYEE STATEMENT

Name: _____ SSN: _____ Dept: _____

Mailing address: _____ Home phone/cell number: _____

Injury Date: _____ Time: _____ Check One () New Injury () Reoccurrence

First reported injury to: _____ Title: _____ Date Reported: _____

Accident Location: _____

Describe what you were doing when injury occurred: _____

What is the exact location and nature of your injury? List ALL parts of body injured. (Examples: sprained right ankle, pulled back muscle)

Were there any witnesses? If yes, please list: _____

If you are claiming an occupational DISEASE or ILLNESS, what disease or illness are you claiming you've acquired?

When did you first suspect the disease or illness might be related to your employment? _____

When did you first notice symptoms? _____

What are the symptoms? _____

What can be done to prevent a similar incident from happening? _____

EMPLOYEE SIGNATURE: _____ DATE: _____

I assisted the Employee in completing this Statement. The contents of this Statement are in the Employee's own words.

Signature of Individual Assisting Employee

Print Your Name and Title