Workers' Compensation Board

F6483853

State of New York - Workers' Compensation Board

First Report of Injury
Report Type (MTC) AQ-Acquired Claim

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Employee Name Jane Smith

WCB Case Number (JCN) 55555555

Date of Injury 01/01/2020

Claim Administrator Claim Number 555

Maintenance Type Code Date 01/22/2022

Claim Type N - Notification of an Incident Only

WCB Received Date 01/22/2022

Agreement to Compensate

INSURER INFORMATION

Insurer Name WCB Test Insurer

FEIN xxxxx3945

Insurer Type I - Insurer

Insurer ID W143945

CLAIM ADMINISTRATOR INFORMATION

Name WCB Test Insurer

Info/Attn

Address 328 State St.

City Schenectady

State NY

Postal Code 12305

Country

FEIN xxxxx3945

Claim Admin ID W143945

Late Reason

Claim Representative Name David Smith

Claim Representative Business Phone Number 518-555-0234

Claim Representative E-mail Address david@fcs.com

EMPLOYEE INFORMATION

First Name Jane
Middle Name/Initial
Last Name Smith
Suffix
Mailing Address 328 State St.
City Schenectady
State NY
Postal Code 12305
Country
Phone Number 5185550234
Gender M - Male
Date of Birth 01/02/1963
Date of Hire 04/01/2019
Employee ID Type S - Employee Social Security Number
Employee ID xxxxx4444
Occupation Description Programmer
Employee Email Address JSmith@Fake.com

CLAIM INFORMATION

Time of injury 18:00
Date Employer Had Knowledge of the Injury 01/01/2020
Employment Status 1 - Regular/Full-time Employee
Date Claim Administrator Had Knowledge of the Injury 01/01/2020
Wage Period 01 - Weekly
Initial Date Employer Had Knowledge of Date of Disability
Estimated Wage $1,050.00
Current Date Employer had Knowledge of Current Date of Disability
Work Week Type S - Standard Work Week
Number of Days Worked Per Week 5
Date of Denial Rescission
Work Days Scheduled (S-Scheduled N-Non Scheduled)

S	M	T	W	T	F	S

EMPLOYEE INJURY

Full Wages Paid for Date of Injury Yes
Employer Paid Salary in Lieu of Compensation
Death Result of Injury
Date of Death
Number of Dependents
Nature of Injury 07 - Concussion
Part of Body

Part of Body Injured Location	Part of Body Injured	Part of Body Injured Fingers/Toes Location
	11 - Skull	
	15 - Nose	
B - Bilateral	35 - Hand	
L - Left	56 - Foot	
R - Right	38 - Shoulder(s)	
B - Bilateral	53 - Knee	
	12 - Brain	
	10 - Multiple Head Injury	
L - Left	36 - Finger(s) other than thumb	3 - Ring Finger or 3rd Toe
B - Bilateral	57 - Toes	2 - Middle Finger or 2nd Toe

Cause of Injury 30 - Fall, Slip or Trip Injury - Slip, or Trip, Did Not Fall

Type of Loss 02 - Occupational Disease

Accident/Injury Description

This is the accident description where I can type.This is the accident description where I can type.This is the accident description where I can type.This is the accident description where I can type.This is the accident description where I can type.This is the accident description where I can type.This is the accident description where I can type.This is the accident description where I can type.This is the accident description where I can type.

WORK STATUS

Initial Date Last Day Worked _____

Initial Date Disability Began _____

Initial RTW Date _____

Latest RTW Type Code _____

Latest RTW/Status Date _____

Current Date Disability Began _____

Initial RTW Type Code _____

Initial RTW Physical Restrictions _____

Initial RTW With Same Employer _____

Latest RTW Physical Restrictions _____

Latest RTW With Same Employer _____

Current Date Last Day Worked _____

First Day of Disability After the Waiting Period _____

ACCIDENT LOCATION AND WITNESSES

Premises E - Employer

Organization Name

Street | **State**

City | **Postal Code**

County/Parish Unknown | **Country**

Location Narrative Unknown

Witnesses	Business Phone Number
James Halpert	5185550234

MEDICAL TREATMENT

Initial Treatment 3 - Emergency Evaluation, Diagnostic Testing, and Medical Procedures

Managed Care Org.

Managed Care Org. ID

EMPLOYER INFORMATION

Name Really Great Programmers Inc. | **Employer FEIN** xxxxx4234

Industry Code 236116

Manual Classification 5645 - Carpentry-Detached One Or Two-Family Dwellings

Info/Attn

Mailing Address 328 State St.

City Schenectady | **State** NY

Postal Code 12305 | **Country**

Physical Addr 328 State St.

City Schenectady | **State** NY

Postal Code 12305 | **Country**

Contact Name James Halpert

Contact Business Phone Number 5185550234

INSURED INFORMATION

Insured Name Really Great Programmers Inc.

Insured FEIN xxxxx4234

Insured Type I - Insured

Insured Location ID

Policy Number ID 23423432

Policy Effective Date 01/01/2020

Policy Expiration Date