



When an employee has been injured and wants to file a workers' compensation claim, please complete this form and fax or email it as soon as possible to: **818-559-3283** / claims@entertainmentpartners.com. This should be done immediately upon knowledge of the injury. Do not delay for lack of information; additional details can follow later. Faxing or emailing is the fastest way to process a claim. If you do not have access to a fax or email, you may call in the info to 1-800-955-4878. **Failure to promptly report a claim can result in fines and penalties from the State.**

Production

Production Name: _____ Phone: _____
Production Contact: _____ Title: _____

Employee

Name: _____ M _____ F _____
SSN: _____ DOB: _____ Phone: _____
Address: _____
Occupation on Production: _____
State Hired: _____ Date Hired: _____ Wages: _____ Per: _____

Incident

DATE OF INJURY: _____ Time of Injury: _____ AM _____ PM

INJURY

Location Name: _____ Location Phone: _____
Location Address: _____ County: _____
What was the employee doing when injured: _____
How did the accident/injury happen: _____
Object causing injury: _____ Type of Injury: _____
Body part(s) injured: _____

WITNESS TO INJURY

Name: _____ Title: _____
Address: _____ Phone: _____

RETURN TO WORK

Did employee return to work? Yes No Unknown
of full days lost: _____ Date returned to work: _____ Date of death: _____
Prior to injury: 1) Next scheduled work date: _____ 2) Estimated termination date: _____

TREATMENT

Treatment Received? Yes: No: Unknown: ***Is this a Notice Only? Yes: No:
On Site (Set Medic/Health Care Professional): _____
Off Site (Physician/ER/Medical Facility): _____
Physician Address: _____ Phone: _____

Completed By

Person completing this form: _____ Today's date: _____

Comments