



michigan municipal league

# EMPLOYER'S REPORT OF INJURY SHORT FORM

OSHA LOG CASE #

**\*\* THIS REPORT MUST BE COMPLETED AND SIGNED BY THE EMPLOYER \*\***

EMPLOYEE									
Full Name (First, Middle Initial, Last)				Soc Sec No.		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Street		City		State		Zip			
Employee Telephone	( )	Employee E-Mail		Date of Birth		Marital Status		Dependents	
Occupation		Employee Department			Date of Hire				
INJURY									
Date of Injury	Time of Injury	<input type="checkbox"/> AM <input type="checkbox"/> PM	Time employee began work	<input type="checkbox"/> AM <input type="checkbox"/> PM	City + ZIP CODE Where Injury Occurred				
What kind of injury? (contusion, cut, fracture, sprain, strain, etc.)				Body Part Injured					
How did injury occur?									
What was employee doing when injured?									
				Date Injury Reported to Employer		Did Employee die?		Yes No	
Last Day Worked:	Will the Claimant lose more than 7 consecutive calendar days?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Date Returned to Work		If yes, on what date?	
MEDICAL									
Was employee treated in an Emergency Room?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Was employee hospitalized overnight as an in-patient?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Case No. from Hospital Log	
Physician/Clinic									
Address									
Telephone ( )									
Hospital									
EMPLOYER									
Full Business Name				Federal ID# (Required by BWC)					
Mailing Address									
Address of Accident Location (if different from mailing address)				Date Injury Was Reported to Employer					
Contact		Telephone ( )		Contact E-Mail					

Preparer's Signature (Employer)

Date

Preparer's Name (Please Print)

Preparer's Title (Please Print)

**Return to: Meadowbrook Claims Service  
3196 Kraft Ave SE, Suite 206  
Grand Rapids, MI 49513-2065  
800.752.7477**

[GR.MML@meadowbrook.com](mailto:GR.MML@meadowbrook.com)

Fax: 616.649.1796