

South Dakota Employer's First Report Of Injury
(See Instructions On Back Of Form)

EMPLOYEE INFORMATION: SSN, Date of Birth, Gender, Dependents, Education, Name, Mailing Address, City, State, Zip, Telephone No., Employee signature, Date.
INJURY / TRAUMA: Date of Injury, Time of Injury, Fatality Date, County Where Injury Occurred, Was Safety Equipment Provided?, Time Work Day Began on Date of Injury, Was Safety Equipment Used?, Date Returned to Work, Did Injury Occur on Employer Premises?, Address or Location of Injury, Description of Injury, Date Employer Notified of Injury, Injury Reported to, Witness, Nature of Injury, Cause of Injury.
EMPLOYER/EMPLOYMENT INFORMATION: Federal ID No., # Employees, Employer Name (DBA), Mailing Address, City, State, Zip, Telephone No., County Where Employer Located, Employer signature, Date, Employment Type, Emp. Status, Date Employee Hired, Employee's Position, Employee's Time in Current Position, Employee's Hours Per Week, Employee's Current Wage.
CLAIM OFFICE INFORMATION: NAICS for Employer Being Insured, Carrier Code, FEIN (Claim Office), Claim Office, Claim Office Address, City, State, Zip Code, Telephone, Email Address, Claim Office Claim #, Date Notified, Date to DOL.
UNDERLYING INSURANCE PROVIDER INFORMATION: Check if Claim Office is same as Insurance Provider, Carrier Code (If applicable), FEIN (Insurance Provider), Represented Entity Name, Address, City, State, Zip Code, Telephone Number, Policy Number, Effective Dates, Adjuster / Contact Person.

For information regarding the Workers' Compensation System go to www.sdjobs.org