

MUNICIPAL LEAGUE WORKERS' COMPENSATION TRUST

P.O. Box 37
North Little Rock, Arkansas 72115
Phone (501) 374-3484



SUPPLEMENT TO THE EMPLOYER'S REPORT OF INJURY

NAME OF EMPLOYER _____

NAME OF EMPLOYEE _____

DATE OF INJURY _____ DATE OF REPORT _____

mm/dd/yyyy

To help identify the cause of employee injury, please **select the one** answer in each of the following six (6) sections that best describe the events at the time of the accident.

TASK BEING PERFORMED AT TIME OF ACCIDENT	(CHECK ONE ONLY)
<input type="checkbox"/> 101 Housekeeping	<input type="checkbox"/> 107 Office Task
<input type="checkbox"/> 102 Maintenance/Repair of Vehicle Maintenance/Repair of Roadway	<input type="checkbox"/> 108 Operating/Riding in/on Motor Vehicle
<input type="checkbox"/> 103 Maintenance/Repair, Other	<input type="checkbox"/> 109 Operating/Using Hand/Power Tools
<input type="checkbox"/> 104 Moving to/from Location on Foot	<input type="checkbox"/> 110 Unauthorized Task
<input type="checkbox"/> 105 Operating Machinery	<input type="checkbox"/> 111 Multiple Task or Unknown
<input type="checkbox"/> 106 Materials Handling Operations	<input type="checkbox"/> 112 Other
(FOLLOWING ARE FOR PUBLIC SAFETY ONLY)	
<input type="checkbox"/> 113 Controlling Suspect/Prisoner/Patient	<input type="checkbox"/> 117 Non-Emergency Operations at an Incident
<input type="checkbox"/> 114 Controlling/Capturing and Animal	<input type="checkbox"/> 118 Pursuing a Suspect
<input type="checkbox"/> 115 Fighting a Fire	<input type="checkbox"/> 119 Responding to an Emergency (in vehicle)
<input type="checkbox"/> 116 Haz-Mat Incident	<input type="checkbox"/> 120 Returning from and Emergency (in vehicle)

INCIDENT CLASSIFICATION (CHECK ONE ONLY)	
<input type="checkbox"/> 201 Assault	<input type="checkbox"/> 212 Fall on Same Level
<input type="checkbox"/> 202 Bite (Animal, Human, Insect)	<input type="checkbox"/> 213 Fall to Different Level
<input type="checkbox"/> 203 Caught in, Under or Between	<input type="checkbox"/> 214 Gunshot
<input type="checkbox"/> 204 Contact with Electric Current	<input type="checkbox"/> 215 Physical Overexertion/overextension
<input type="checkbox"/> 205 Contact with Foreign Matter (dirt in eye, etc.)	<input type="checkbox"/> 216 Psychological Trauma
<input type="checkbox"/> 206 Contact with Sharp Object	<input type="checkbox"/> 217 Repetition of pressure/motion (noise, CTS)
<input type="checkbox"/> 207 Contact with Temperature Extremes (burn, etc.)	<input type="checkbox"/> 218 Slip/Trip without fall
<input type="checkbox"/> 208 exposure to Environmental Cold/Heat	<input type="checkbox"/> 219 Struck Against
<input type="checkbox"/> 209 Exposer to Fire Products	<input type="checkbox"/> 220 Struck By
<input type="checkbox"/> 210 Exposer to Hazardous Substance/Chemicals	<input type="checkbox"/> 221 Vehicle Accident
<input type="checkbox"/> 211 Exposure to Infectious Substances	<input type="checkbox"/> 222 Other

BODILY ACTIVITY AT THE TIME OF INCIDENT (CHECK ONE)	
<input type="checkbox"/> 301 Bending	<input type="checkbox"/> 312 Reaching/Stretching
<input type="checkbox"/> 302 Climbing	<input type="checkbox"/> 313 Riding
<input type="checkbox"/> 303 Crawling	<input type="checkbox"/> 314 Running
<input type="checkbox"/> 304 Driving	<input type="checkbox"/> 315 Sitting
<input type="checkbox"/> 305 Jumping/Landing	<input type="checkbox"/> 316 Standing
<input type="checkbox"/> 306 Kneeling	<input type="checkbox"/> 317 Twisting
<input type="checkbox"/> 307 Lifting	<input type="checkbox"/> 318 Walking
<input type="checkbox"/> 308 Lying Down	<input type="checkbox"/> 319 Multiple Actions
<input type="checkbox"/> 309 Mounting/Dismounting Vehicle or Equipment	<input type="checkbox"/> 320 Unknown
<input type="checkbox"/> 310 Pulling	
<input type="checkbox"/> 311 Pushing	

NATURE OF INJURY/ILLNESS (CHECK ONE)

- | | |
|--|--|
| <input type="checkbox"/> 401 Abrasion | <input type="checkbox"/> 419 Foreign Substance (eye) |
| <input type="checkbox"/> 402 Amputation | <input type="checkbox"/> 420 Fracture |
| <input type="checkbox"/> 403 Blunt/Penetrating Trauma | <input type="checkbox"/> 421 Heat Stroke/Stress |
| <input type="checkbox"/> 404 Bruise/Contusion | <input type="checkbox"/> 422 Heart Attack |
| <input type="checkbox"/> 405 Burn (Chemical) | <input type="checkbox"/> 423 Hernia/Rupture |
| <input type="checkbox"/> 406 Burn (electrical) | <input type="checkbox"/> 424 Hypertension |
| <input type="checkbox"/> 407 Burn (Heat) | <input type="checkbox"/> 425 Impaired Sensory Perception |
| <input type="checkbox"/> 408 Cancer | <input type="checkbox"/> 426 Inflammation |
| <input type="checkbox"/> 409 Concussion/Unconscious | <input type="checkbox"/> 427 Lung Disease |
| <input type="checkbox"/> 410 Conjunctivitis | <input type="checkbox"/> 428 Muscle Spasm |
| <input type="checkbox"/> 411 Contagious/Infectious Disease | <input type="checkbox"/> 429 Poisoning, Systematic |
| <input type="checkbox"/> 412 Coronary/Artery Condition | <input type="checkbox"/> 430 Psychological Disorder |
| <input type="checkbox"/> 413 Crush | <input type="checkbox"/> 431 Respiratory Illness |
| <input type="checkbox"/> 414 Cumulative Trauma Disorder | <input type="checkbox"/> 432 Separation/Avulsion |
| <input type="checkbox"/> 415 Cut/Scratch/Puncture | <input type="checkbox"/> 433 Sprain/Strain |
| <input type="checkbox"/> 416 Dislocation | <input type="checkbox"/> 434 Suffocation/Asphyxiation |
| <input type="checkbox"/> 417 Electric Shock | <input type="checkbox"/> 435 Other |
| <input type="checkbox"/> 418 Fatality | |

BODY PART MOST AFFECTED**HEAD/NECK**

- 501 Ear/Hearing
- 502 Eye/Sight
- 503 Face
- 504 Jaw
- 505 Mouth/Teeth
- 506 Nose
- 507 Psychiatric
- 508 Scalp/Skull
- 509 Neck/Throat

TRUNK

- 510 Abdomen
- 511 Back
- 512 Chest
- 513 Groin/Genitalia
- 514 Heart
- 515 Hip/Buttock
- 516 Shoulder

BODY SYSTEM

- 527 Cardiovascular System
- 528 Digestive System
- 529 Excretory System (Kidneys/Bladder/Intestines)
- 530 Musculoskeletal System (Bones/Joints/Tendons/Muscles)
- 531 Nervous System
- 532 Respiratory System
- 533 Skin
- 534 Entire Body (Some Illnesses/Exposures)

UPPER EXTREMITIES

- 517 Arm (Upper or Lower)
- 518 Elbow
- 519 Finger/Thumb
- 520 Hand
- 521 Wrist

LOWER EXTREMITIES

- 522 Ankle
- 523 Foot
- 524 Knee
- 525 Leg
- 526 Toe

CONTRIBUTING CAUSES: HAZARDOUS CONDITIONS/UNSAFE ACTS

- 601 Actions of Others
- 602 Alteration of Safety Devices
- 603 Assembly of Design Flaws
- 604 Attention to Footings/Surroundings
- 605 Atmosphere/Ventilation
- 606 Congestion/Housekeeping
- 607 Dress/Apparel
- 608 Excavation/Trench
- 609 Fire Hazard
- 610 Guard Safety
- 611 Horseplay
- 612 Illumination/Glare
- 613 Lack of Instruction/Warning
- 614 Lack of Labeling/Warning
- 615 Ladders/Improper Use
- 616 Loading

(SELECT ONLY ONE)

- 617 Maintenance
- 618 Method of Procedure
- 619 Natural Environment/Weather
- 620 Noise
- 621 Related to the use of personal protective equipment
- 622 Related to proper body positioning
- 623 Sharp/Protruding (not intentionally sharp objects)
- 624 Slippery (not walking/working surface)
- 625 Speed of Operations
- 627 Stress
- 628 Tools (hand/non-powered)
- 629 Tools equipment (powered)
- 630 Training for job/task
- 631 Walking/working Surface
- 632 Other Hazardous Condition
- 633 Other unsafe Act Not Listed

SUPERVISOR'S COMMENTS AND CORRECTIVE RECOMMENDATIONS:
