

# 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        | <input type="checkbox"/> 108 Operating/Riding in/on Motor Vehicle      |
| <input type="checkbox"/> Maintenance/Repair of Roadway            | <input type="checkbox"/> 109 Operating/Using Hand/Power Tools          |
| <input type="checkbox"/> 103 Maintenance/Repair, Other            | <input type="checkbox"/> 110 Unauthorized Task                         |
| <input type="checkbox"/> 104 Moving to/from Location on Foot      | <input type="checkbox"/> 111 Multiple Task or Unknown                  |
| <input type="checkbox"/> 105 Operating Machinery                  | <input type="checkbox"/> 112 Other                                     |
| <input type="checkbox"/> 106 Materials Handling Operations        |  |
| <b>(FOLLOWING ARE FOR PUBLIC SAFETY ONLY)</b>                     |  |
| <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 Exposed to Fire Products                        | <input type="checkbox"/> 220 Struck By                                  |
| <input type="checkbox"/> 210 Exposed 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 RECCOMENDATIONS:

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