

MUNICIPAL LEAGUE WORKERS' COMPENSATION TRUST

P.O. BOX 37
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PHONE (501) 374-3484



SUPPLEMENT TO THE EMPLOYER'S REPORT OF INJURY

NAME OF EMPLOYER City of Maumelle

NAME OF EMPLOYEE _____

DATE OF INJURY _____ DATE OF REPORT _____

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

TASK BEING PERFORMED AT TIME OF ACCIDENT (CHECK ONLY ONE)	
<input type="checkbox"/> 101 Housekeeping <input type="checkbox"/> 102 Maintenance/Repair Of Vehicle Maintenance/Repair Of Roadway <input type="checkbox"/> 103 Maintenance/Repair, Other <input type="checkbox"/> 104 Moving to/from Location on Foot <input type="checkbox"/> 105 Operating Machinery <input type="checkbox"/> 106 Materials Handling Operations	<input type="checkbox"/> 107 Office Tasks <input type="checkbox"/> 108 Operating/Riding in/on Motor Vehicle <input type="checkbox"/> 109 Operating/Using Hand/Power Tools <input type="checkbox"/> 110 Unauthorized Task <input type="checkbox"/> 111 Multiple Tasks or Unknown <input type="checkbox"/> 112 Other

(FOLLOWING ARE FOR PUBLIC SAFETY ONLY)	
<input type="checkbox"/> 113 Controlling Suspect/Prisoner/Patient <input type="checkbox"/> 114 Controlling/Capturing an Animal <input type="checkbox"/> 115 Fighting a Fire <input type="checkbox"/> 116 Haz-Mat Incident	<input type="checkbox"/> 117 Non-Emergency Operations at an Incident <input type="checkbox"/> 118 Pursuing a Suspect <input type="checkbox"/> 119 Responding to an Emergency (In Vehicle) <input type="checkbox"/> 120 Returning from an Emergency (In Vehicle)

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

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

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 SYSTEMS

- 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 (SELECT ONLY ONE)

- | | |
|---|--|
| <input type="checkbox"/> 601 Actions of Others | <input type="checkbox"/> 618 Method or Procedure |
| <input type="checkbox"/> 602 Alteration of Safety Devices | <input type="checkbox"/> 619 Natural Environment/Weather |
| <input type="checkbox"/> 603 Assembly or Design Flaws | <input type="checkbox"/> 620 Noise |
| <input type="checkbox"/> 604 Attention to Footings/Surroundings | <input type="checkbox"/> 621 Related to the Use of Personal Protective Equipment |
| <input type="checkbox"/> 605 Atmosphere/Ventilation | <input type="checkbox"/> 622 Related to Proper Body Positioning |
| <input type="checkbox"/> 606 Congestion/Housekeeping | <input type="checkbox"/> 623 Sharp/Protruding (Not Intentionally Sharp Objects) |
| <input type="checkbox"/> 607 Dress/Apparel | <input type="checkbox"/> 624 Slippery (Not Walking/Working Surface) |
| <input type="checkbox"/> 608 Excavation/Trench | <input type="checkbox"/> 625 Speed of Operation |
| <input type="checkbox"/> 609 Fire Hazard | <input type="checkbox"/> 626 Storing/Stacking/Securing/Shoring |
| <input type="checkbox"/> 610 Guard/Safety Device | <input type="checkbox"/> 627 Stress |
| <input type="checkbox"/> 611 Horseplay | <input type="checkbox"/> 628 Tools (Hand/Non-Powered) |
| <input type="checkbox"/> 612 Illumination/Glare | <input type="checkbox"/> 629 Tools/Equipment (Powered) |
| <input type="checkbox"/> 613 Lack of Instruction/Warning | <input type="checkbox"/> 630 Training for Job/Task |
| <input type="checkbox"/> 614 Lack of Labeling/Warning | <input type="checkbox"/> 631 Walking/Working Surfaces |
| <input type="checkbox"/> 615 Ladders/Improper Use | <input type="checkbox"/> 632 Other Hazardous Condition |
| <input type="checkbox"/> 616 Loading | <input type="checkbox"/> 633 Other Unsafe Act Not Listed |
| <input type="checkbox"/> 617 Maintenance | |

SUPERVISOR'S COMMENTS AND CORRECTIVE RECOMMENDATIONS:
