



Workers' Compensation Incident Report Form

This form must be completed within 24 hours of an incident. The injured employee should complete the front; the supervisor completes the back. In the event the employee is unable to complete their portion of the form, the supervisor will need to complete it for them. Use this form to enter the incident into STARS, our electronic claim reporting system. After entering the information, record the STARS claim number on the top right hand corner of side two. Fax both sides to Risk Management at 410-222-7640. Forward this form to the Anne Arundel County Public Schools Insurance and Safety Management Office. For additional help in completing this form, please call the Insurance and Safety Management Office at 410-222-5223 or the Risk Management Office at 410-222-7630.

Capitalized headings denote STARS new claim input fields.

General Information	EMPLOYEE NAME <i>(Last, First, Middle)</i>			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	
	HOME ADDRESS		CITY	STATE	ZIP CODE	
	HOME PHONE	WORK PHONE	SOCIAL SECURITY NUMBER	DATE HIRED		
	JOB TITLE	SUPERVISOR'S NAME	Department			
MUST BE COMPLETED BY EMPLOYEE	Description of Incident	LOSS/INCIDENT DATE	TIME WORK BEGAN	TIME OF INCIDENT	DATE EMPLOYER NOTIFIED	Who did you notify?
		INCIDENT DESCRIPTION - Describe in detail how injury/illness occurred				Were you doing your regular job? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain
	PLACE OF OCCURRENCE - Name & Address					
	Where did incident occur?/INCIDENT LOC (Walkway, office, classroom, motor vehicle, etc.)					
	TYPE OF INJURY/ILLNESS (burn, cut, fracture, sprain, allergic reaction, etc.)			BODY PART(S) INJURED		
	Supervision at time of incident <input type="checkbox"/> Direct <input type="checkbox"/> Indirect <input type="checkbox"/> None		Were you working with anyone? If yes, who? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Was defective equipment or actions of others a factor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what/who?					
	WITNESSES? If yes, who? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	<p><i>This form is not an application for Maryland Workers' Compensation benefits. It will be used to assist Anne Arundel County Public Schools and Risk Management in their investigation of this incident. This investigation will determine what benefits you may be entitled to. Failure to file a claim within two years of the date of injury may bar your claim for compensation.</i></p>					
	Signature	_____ <i>Signature of Employee</i>			_____ <i>Date of this Report</i>	