

ILLINOIS FORM 45: EMPLOYER'S FIRST REPORT OF INJURY

Please type or print.

Employer's FEIN 36-361076	Date of Report	Case or File #	Is this a lost workday case?
Employer's name Highland Community College		Doing business as Highland Community College	
Employer's mailing address 2998 W. Pearl City Rd., Freeport, IL 61032		Employer's email address rose.ferguson@highland.edu	
Nature of business or service Education		SIC Code 82	
Name of worker's compensation carrier/admin. Illinois Public Risk Fund		Policy/Contract # SP 4057941	Self-insured? Yes
Employee's full name			Birthdate
Employee's mailing address			Employee's email address
Gender	Marital status	# Dependents	Employee's average weekly wage
Job title or occupation			Date hired
Time employee began work A.M.	Date and time of accident / A.M.		Last day employee worked
If the employee died as a result of the accident, give the date of death			Did the accident occur on the employer's premises?
Address of accident			
What was the employee doing when the accident occurred?			
How did the accident occur?			
What was the injury or illness? List the part of the body affected and explain how it was affected.			
What object or substance, if any, directly harmed the employee?			
Name and address of physician/health care professional			
If treatment was given away from the worksite, list the name and address of the place it was given.			
Was the employee treated in an emergency room?		Was the employee hospitalized overnight as an inpatient?	
Report prepared by	Signature	Title and telephone #	Email address

Please send this form to: ILLINOIS WORKERS' COMPENSATION COMMISSION 4500 S. SIXTH ST. FRONTAGE ROAD, SPRINGFIELD, IL 62703-5118. By law, employers must keep accurate records of all work-related injuries and illness (except for certain minor injuries). Employers shall report to the Commission all injuries resulting in the loss of more than three scheduled workdays. Filing this form does not affect liability under the Worker's Compensation Act and is not incriminatory in any sense. This information is confidential. IC45 8/12