



## Worker's Compensation Investigation Kit Checklist

- \_\_\_\_\_ Claim Handling Instructions
- \_\_\_\_\_ Workers Compensation Instructions
- \_\_\_\_\_ Employee Statement
- \_\_\_\_\_ WC Accident Investigation Guide
- \_\_\_\_\_ WC Activity-Communication Log
- \_\_\_\_\_ Accident Photo Sheet
- \_\_\_\_\_ Witness Statement Form



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**Information Required for All Claims reported.**

1. Name of the insured and policy number
2. Date, Time & Place of Accident
3. Description of accident or incident
4. Name, phone and/or e-mail of person making the report

**Additional Information Required for Specific Claim Types**

**A. For Workers' Compensation**

1. MUST have the injured employee's social security number as it is required by law
2. Description of injury

**B. For Property Claims**

1. Physical address of the loss
2. If more than one building on property must have specific building(s) involved
3. Type of loss, i.e., Fire, Theft, etc.
4. Description of loss or damage

**C. For Motor Vehicle (Auto) Claims**

1. Name, address and contact information of ALL parties involved.
2. Make, model and VIN of the insured vehicle
3. Make, model of all other vehicles involved
4. Current location of all vehicles
5. Name and contact information for each driver and all passengers
6. Name and contact information any known witnesses

**D. For General Liability Claims**

1. Physical address of where the loss occurred
2. Name, address and contact information for all persons claiming injury or damage
3. Name and contact information any known witnesses



## Workers' Compensation Accident Investigation

### Introduction

Thousands of employment-related accidents occur every day throughout the United States. Most of these accidents are due to the failure of people, equipment, machinery, tools, surroundings and vehicles. Accident investigations are conducted for several reasons. One is to examine how and why these failures occur and to prevent them in the future. Another is to ensure the safety of your employees and the facilities. Yet another is to protect the interest of the insured and carrier and lastly to preserve evidence.

An accident is a sudden and unplanned event that results in personal injury or property damage. Some accidents are minor and others more serious resulting in large losses, catastrophic or fatality claims. All claims should be investigated equally regardless of the severity. The investigation of a minor claim can help you identify corrections needed that can prevent future severe claims.

The manner in which the initial investigation is conducted can affect the liability determination of a claim. It is during the initial phase of an investigation that evidence gathered and preserved can help to defend or mitigate exposure and severity. It is best to be prepared to conduct an investigation prior to an accident taking place.

### Investigative procedures

The first step in implementing investigative procedures is to identify who will be responsible for conducting the investigation. Most companies have a safety or claims staff that is responsible for reporting and managing claims. If those persons are located at the site they might also conduct the investigation. If the safety or claims personnel are offsite then a person in a supervisory role should be trained to conduct the investigation. The supervisor's role is key when conducting an initial investigation whether or not he/she is the designated investigator. The supervisor is the first person that the employee or injured party notifies of a claim. At the very least the supervisor should begin the investigative process.

A good investigation must be timely, well documented, legal, and thorough. It should capture witness statements and evidence. The investigator should begin immediately after the accident to ensure that the information captured is current, relevant and complete. Over time witnesses and evidence tend to disappear so immediacy is essential for preservation of facts. Next you should gather information from many sources including physical and oral witnesses. Photographing equipment, tools, materials and machinery prior to moving for repair is a first major step in the investigation. When collecting witness statements, you should put the injured party and witnesses at ease by explaining that the investigation and statements are needed to prevent such accidents in the future. Reassure them that the investigation is not to find fault but to eliminate hazards and make improvements.

### Frequently Asked Questions:

#### What do I do with these forms once they are completed?

- a. The forms are sent to your Claims Administrator (adjuster) as part of their investigation to determine compensability and identify recovery potential
- b. Other forms related to safety and loss control are to be used internally to compile a report with action plan to correct hazards and prevent future accidents

#### What if my injured employee is physically unable to fill out the statement?

Remember, that your employee's health is first and foremost. Have the employee fill out the form at a later date when he/she is physically able.



**What if the employee refuses to give a written statement or fill out a claim form?**

In states where it is not mandatory to fill out a claim form you cannot make them fill out the document. However, you can explain that you are merely trying to get their account of the accident and trying to prevent future accidents.

**What if my employee has retained an attorney – Can I still ask the injured employee to fill out a statement form?**

In most states you can. However, there are states that have more stringent rules. Consult with your legal department or claims administrator before making contact with a represented employee.

**What if I have a hostile witness that wants to give a statement?**

Ask them to identify themselves as hostile witnesses on their statement.

## **The Supervisor's Role**

The supervisor is on the frontline when an accident occurs and should always take an active role when an employee has been injured or reports a claim. The direct line supervisor should be trained and encouraged to act quickly and positively to an employee as soon as the injury or illness is reported.

The actions taken during the initial phase of an accident or illness can determine the direction the claim and the injured employee will take during the recovery process. It's important the employee believes the employer has his/her best interest at heart. See the guidelines below for actions the supervisor should take after an accident and ongoing.

**The supervisor should do the following:**

- Take time to listen carefully to the employee and handle the injury/illness properly.
- If the employee needs immediate or emergency care get him/her to the nearest designated treatment facility.
- If the medical needs are not immediate direct the employee to a Preferred Provider for medical treatment.
- A company representative should accompany and transport the employee to the first evaluation.
- If a post accident drug screen is required, make sure that the Preferred Provider is aware and performs the test prior to dispensing medication. A Chain of Custody form must accompany each and every test sample.
- Make sure the Preferred Provider is aware of your Return to Work Policy and is given a Work Ability Form to fill and return to you. This form will help you to identify specific requirements for transitional duty work.
- Start an immediate investigation and analysis of the accident in conjunction with the designated personnel at your facility. Refer to the checklist and forms in your claims investigation kit for details and actions that should be taken.
- If you suspect fraud, do not publicize it. Contact your Claims Administrator/adjuster immediately so he/she can also start an investigation.
- During the employee's medical recovery period, follow up with the employee to check on his/her progress and convey your concern for his/her well-being and willingness to accommodate restrictions.
- Promptly notify the adjuster when the employee is back at work.



## Workers' Compensation Handling Instructions

In the event an employee reports an accident or illness report all claims by calling \_\_\_\_\_ on the date you are notified.

Initials	Date	Actions to be taken during investigation
_____	_____	Secure the area. Do not disturb the scene or remove equipment unless a hazard exists.
_____	_____	Take photographs or make a sketch of the area and the scene. (Do not photograph the injured party.) Take photographs of the equipment, machinery or vehicle involved.
_____	_____	In the case of a death or catastrophic claim do not touch equipment until police or regulators are done with it.
_____	_____	Identify any evidence that should be held for future investigation and do not tamper with it, take it apart or attempt to repair. Locate any service manuals, sales and/or lease agreements, receipts, service records.
_____	_____	Identify subrogation, contribution or apportionment. If subrogation has been identified do not use the equipment, machinery or vehicle until an inspection by an expert has been completed.
_____	_____	Look for silent witnesses like security cameras or camera phones.
_____	_____	Utilize the enclosed forms to investigate and analyze the accident.
_____	_____	Interview the injured party and the witnesses. The witnesses should include parties that were at the scene just before and after the accident and those that may have heard, if not seen, the accident. Ask questions that address the 5 Ws, who, what, where, when and why (how).
_____	_____	Ask the injured party and witnesses to complete and sign a statement. The statement must be voluntary, non-coerced, witnessed by a third party and be given by someone that has reached the age of majority.
_____	_____	Identify Red Flags that will assist the adjuster in determining compensability or mitigate the exposure.
_____	_____	Notify state authorities and/or OSHA, if applicable. Limit their access to the accident scene only.
_____	_____	Discuss the claim with your attorney, adjuster, broker or advocate only.
_____	_____	Facilitate medical treatment to Preferred Provider, make sure the provider is aware of your drug testing requirements and/or return to work policy.
_____	_____	If not accompanying employee to the medical evaluation make sure the provider has all billing information and knows how to get authorization for treatment.
_____	_____	Coordinate Return to Work.
_____	_____	Examine and correct safety issues.
_____	_____	Maintain Contact with the injured employee until his/her return to work.



## Employee Accident Statement

### Employee Information

Employee Name: \_\_\_\_\_ Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Address: \_\_\_\_\_  
Activity performed at time of accident: \_\_\_\_\_  
Location of accident: \_\_\_\_\_  
List injuries: \_\_\_\_\_

### Description of Accident

Describe in detail the accident and how it occurred:

\_\_\_\_\_

USE THE BACK OF THIS FORM IF YOU NEED ADDITIONAL SPACE

I attest that I am over the age of 21, voluntarily gave this statement and it is true to the best of my ability and knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_



## WC Accident Investigation Guide

### Employee Information

Employee Name: \_\_\_\_\_ Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Dress: \_\_\_\_\_  
Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Length of Service with Employer: \_\_\_\_\_ At this position: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Performing this job at time of incident?  Yes  No  
If not, what activity was the employee performing? \_\_\_\_\_  
Time shift started: \_\_\_\_\_ AM or PM \_\_\_\_\_ Overtime?  Yes  No Hours worked per week: \_\_\_\_\_  
Hourly Wage: \_\_\_\_\_ Weekly Wage: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

### Supplemental Information

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Location Code: \_\_\_\_\_  
Accident Location (if not on premises): \_\_\_\_\_  
Name of Physician: \_\_\_\_\_ PPO: \_\_\_\_\_ Panel: \_\_\_\_\_ Other: \_\_\_\_\_  
Physician's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
If hospitalized, name of hospital: \_\_\_\_\_  
Hospital Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fatality?  Yes  No If yes, date and time OSHA notified: \_\_\_\_\_  
Other Agencies or Authorities at scene (DOT, police, fire, etc.): Name(s)? \_\_\_\_\_  
Reports Requested?  Yes  No



### Accident Description and Analysis

Fully describe accident:

\_\_\_\_\_

\_\_\_\_\_

What factors led to the accident:

\_\_\_\_\_

\_\_\_\_\_

List injuries/parts of body affected:

\_\_\_\_\_

\_\_\_\_\_

Witness Names: (attach witness statements to this report, if applicable):

\_\_\_\_\_

### MACHINERY / EQUIPMENT / VEHICLE INVOLVED: (if tractor-trailer accident, attach driver report)

Manufacturer: \_\_\_\_\_ Year: \_\_\_\_\_

Serial #: \_\_\_\_\_ Model: \_\_\_\_\_ Tag: \_\_\_\_\_

Function: \_\_\_\_\_

Has machine/equipment/vehicle been modified:  Yes  No If yes, when? \_\_\_\_\_

How modified: \_\_\_\_\_

Was machinery/equipment/vehicle guarded?  Yes  No

If yes, how does guard function to provide safety? \_\_\_\_\_

Was guard properly constructed:  Yes  No Properly Installed?  Yes  No

Properly Adjusted:  Yes  No If no, to any of the above, explain: \_\_\_\_\_

Was there any mechanical failure?  Yes  No Explain: \_\_\_\_\_





**If other party (s) is responsible:**

Name of other party (s): \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Dress: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Dress: \_\_\_\_\_

**Loss Prevention/Mitigation Investigation**

**Please check all of the following which contributed to the injury or illness.**

- |                       |       |                               |       |                         |       |
|-----------------------|-------|-------------------------------|-------|-------------------------|-------|
| Failure to secure     | _____ | Improper maintenance          | _____ | Vehicle Malfunction     | _____ |
| Poor housekeeping     | _____ | Improper guarding             | _____ | Impaired Driver         | _____ |
| Improper dress        | _____ | Unsafe equipment              | _____ | Weather Condition       | _____ |
| Poor ventilation      | _____ | Improper protective equipment | _____ | Traffic Condition       | _____ |
| Failure to lockout    | _____ | Operating without authority   | _____ | Road Condition          | _____ |
| Improper instruction  | _____ | Lack of training or skill     | _____ | Improper/oversized load | _____ |
| Horseplay             | _____ | Physical or mental impairment | _____ | Log data                | _____ |
| Unsafe Position       | _____ | Unsafe arrangement or process | _____ | Unfamiliar route        | _____ |
| Equipment Malfunction | _____ | OTHER:                        | _____ |                         | _____ |
|                       | _____ |                               | _____ |                         | _____ |

Corrective action to ensure this type of accident does not recur: \_\_\_\_\_

Was employee trained in the proper use of protective equipment and safety procedures?  Yes  No

Was the employee cautioned for failure to use Protective Equipment or safety procedures?  Yes  No

Did the employee promptly report the claim?  Yes  No

Is there modified duty available?  Yes  No

Does the employee have prior claims or pre-existing medical conditions?  Yes  No

List prior claims or conditions: \_\_\_\_\_

Print Name

Signature

Title

Date





### Accident Photograph Sheet

<b>Location #:</b>
<b>Incident Location:</b>
<b>Reference #:</b>

<b>Date of Incident:</b>
<b>Injured Party:</b>

Attach photo
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<b>Photo Description:</b>
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Attach photo
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<b>Photo Description:</b>
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## Witness Accident Statement

### Witness Information

Witness Name: \_\_\_\_\_ Is witness over 21? Yes:  No:   
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Location & activity at time of accident: \_\_\_\_\_

### Description of Accident

Describe in detail the accident and how it occurred:

\_\_\_\_\_

USE THE BACK OF THIS FORM IF YOU NEED ADDITIONAL SPACE

I attest that I am over the age of 21, voluntarily gave this statement and it is true to the best of my ability and knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_