FORM 101

The Commonwealth of Massachusetts

Department of Industrial Accidents – Department 101



600 Washington Street – 7th Floor, Boston, Massachusetts 02111 Info. Line 800-323-3249 ext. 470 in Mass. Outside Mass. - 617-727-4900 ext. 470 http://www.mass.gov/dia DIA USE ONLY

EMPLOYER'S FIRST REPORT OF INJURY OR FATALITY

THIS FORM MUST BE FILED BY THE <u>EMPLOYER</u> IN THE EVENT OF AN INJURY THAT RESULTS IN DEATH OR FIVE OR MORE CALENDAR DAYS OF TOTAL OR PARTIAL INCAPACITY FROM EARNING WAGES.

INSTRUCTIONS AND CODES ON THE REVERSE SIDE - Please Print Legibly or Type - Unreadable forms will be returned.

E M	1. Employee's Name (Last, First, MI):		Telephone Number:	3. Social Security	Number*: 4. Sex:		
P L O Y E E	5. Home Address (No., Street, City, State & Zip Code):			6. Marital Status:	7. No. of Dependents:		
	8. Date of Hire (mm/dd/yyyy): 9. Date of Birth (mm/dd/yyyy):		10. Average Weekly Wage: \$ Estimated Actual				
E M P L O Y	11. Employer's Name:			12. Federal Tax I.D. Number:			
	13. Employer's Address (No., Street, City, State & Zip Code):			14. Employer's Telephone Number:			
				15. Industry Code (See Reverse Side):			
	16. Workers' Compensation Insurance Carrier and Tel. No. (NOT LOCAL AGENT/ADMINISTRATOR)): 17. W.C. Policy N	lumber:		
R	18. Self-Insured? Yes No			19. Business Type	Service Wholesale Mfg.		
	If Yes, Self-Insurer Number:			Retail	Other		
	20. DATE OF INJURY (mm/dd/yyyy):						
I N J U R Y I N F O R M A T I O N	21. Was Employee Injured on Employer's Premises? Yes No 22. Location			njury if not on Employer's Premises:			
	23. FIRST day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):		24. FIFTH day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):				
	25. If Employee has Died, Date of Death (mm	26. Source of Injury (Chemicals, Machinery, etc.):					
	27. Briefly Describe How Injury/Exposure Occurred and Body Part(s) involved:						
	28. Person to Whom Injury was Reported (list position):		29. Date Reported (m	Date Reported (mm/dd/yyyy): 30. Date Reported as work related (mm/dd/yyyy):			
	31. Injury Code(s) a. Body Part Code(s) a. a.		32. Witness(es) to Injury - Give Full Name(s), if none state as such:				
	b. to body part b.						
	c. to body part c. 33. Has Employee Returned to Work? Yes No		34 Data Employae P	eturned to Work(mn	0/44/2222)		
			34. Date Employee Returned to Work(mm/dd/yyyy):				
	35. Employee's Regular Occupation:		36. Has Employee Returned to Regular Occupation: Yes No				
	37. EMPLOYER'S Name (SEE INSTRUCTIONS ON REVERSE SIDE):		38. Title:				
	39. EMPLOYER'S Signature (SEE INSTRUCT	IONS ON REVERSE SID	E): 40. Date Prepared (m	nm/dd/yyyy):			

^{*}Disclosure of Social Security Number is Voluntary. It will aid in the processing of your report. Form 101 - Revised 8/2001 - Reproduce as needed.

EMPLOYER'S FIRST REPORT OF INJURY OR FATALITY

FILING INSTRUCTIONS

- 1. WHEN TO FILE: File this form within 7 calendar days, not including Sundays and legal holidays, of receipt of notice of any injury alleged to have arisen out of and in the course of employment, which totally or partially incapacitates an employee for a period of 5 or more calendar days from earning wages. This form is not an admission of liability, but must be filed even though the Employer may believe that the Employee is not injured, or that the Employee is not entitled to benefits under M.G.L. Chapter 152.
- 2. WHERE TO FILE: This form should be mailed to the Department of Industrial Accidents at the address shown on the front of the form. Copies must also be provided to the Employee and to the Employer's Workers' Compensation insurer.
- 3. PENALTIES: Failure to report injuries on this form may result in a fine of \$100.00 in accordance with M.G.L. Chapter 152, Section 6.
- 4. EMPLOYER'S NAME & SIGNATURE IN BOXES 37 & 39: This form must be filed by the employer or an authorized agent/representative of the employer.

INDUSTRY CODES							
Agriculture, Forestry and Fishing	28 Chemicals and Allied Products	51 Wholesale Trade - Non-durable Goods	78 Motion Pictures				
01 Agriculture Production - Crops	29 Petroleum and Coal Products	31 WHOICSAIC TIAUC - NOH-UHRADIC GOODS	78 Motion Pictures 79 Amusements and Recreation Services				
02 Agriculture Production - Livestock	30 Rubber and Misc. Plastic Products	Retail Trade	80 Health Services				
07 Agricultural Services	31 Leather and Leather Products	52 Building Materials and Garden Supplies	81 Legal Services				
08 Forestry	32 Stone, Clay and Glass Products	53 General Merchandizing	82 Educational Services				
09 Fishing, Hunting and Trapping	33 Primary Metal Industries	54 Food Stores	83 Social Services				
ss	34 Fabricated Metal Products	55 Automotive Dealers and Service Stations	84 Museums, Botanical, Zoological Gardens				
Mining	35 Industrial Machinery and Equipment	56 Apparel and Accessory Stores	86 Membership Organizations				
10 Metal Mining	36 Electronic and Other Electrical Equipment	57 Furniture and Home Furnishing Stores	87 Engineering and Management Services				
12 Coal Mining	37 Transportation Equipment	58 Eating and Drinking Establishments	88 Private Households				
13 Oil and Natural Gas	38 Instruments and Related Products	59 Miscellaneous Retail	89 Services, NEC				
14 Nonmetallic Minerals, Except Fuels	39 Miscellaneous Manufacturing Industries						
Construction	The second of th	Finance, Insurance and Real Estate	Public Administration				
15 General Building Contractors	Transportation and Public Utilities 40 Railroad Transportation	60 Depository Institutions	91 Executive, Legislative and Garden				
16 Heavy Construction, Ex. Building		61 Non-depository Institutions	92 Justice, Public Order, and Safety				
17 Special Trade Contractors	41 Local and Interurban Passenger Transit	62 Security and Commodity Brokers	93 Finance, Taxation, and Monetary Benefits				
•	42 Trucking and Warehousing 43 U.S. Postal Service	63 Insurance Carriers	94 Administration of Human Services				
Manufacturing		64 Insurance Agents, Brokers and Service	95 Environmental Quality and Housing				
20 Food and Kindred Products	44 Water Transportation	65 Real Estate	96 Administration of Economic Program				
21 Tobacco Products	45 Transportation by Air 46 Pipelines, Except Natural Gas	67 Holding and Other Investment Officers	97 National Security and International Affairs				
22 Textile Mill Products	47 Transportation Services	Sarvicae					
23 Apparel and Other Textile Products	47 Transportation Services 48 Communications	Services 70 Hotels and Other Lodging Places	Non-classifiable Establishments				
24 Lumber and Wood Products	48 Communications 49 Electric, Gas and Sanitary Services	70 Hotels and Other Lodging Places 72 Personal Services	99 Non-classifiable Establishments				
25 Furniture and Fixtures	49 Electric, Gas and Saintary Services	73 Business Services					
26 Paper and Allied Products	Wholesale Trade						
27 Printing and Publishing	50 Wholesale Trade - Durable Goods	75 Auto Repair Services and Parking76 Miscellaneous Repair Services					
	NATURE OF BUILD	*					
		Y OR ILLNESS CODES					
100 Amputation or Erucloation	157 Tuberculosis	281 Aluminosis 282 Anthracosis	Other				
110 Asphyxia or Strangulation Etc.	159 Other Infective or Parasitic Diseases		265 Carpal Tunnel Syndrome				
120 Burns (Heat)	Dermatitis	283 Asbestosis	510 Cardiovascular and Other Conditions				
130 Burns (Chemical) 140 Concussion	180 Dermatitis, UNS* 183 Primary Infections of the Skin	284 Byssinosis 285 Siderosis	of the Circulatory System 520 Complications Peculiar to Medical Care				
160 Contusion, Crushing, Bruise	184 Other Skin Conditions	286 Silicosis	500 Effects of Changes in Atmospheric				
170 Cut, Laceration, Puncture	185 Dermatitis, Allergenic or Contact	287 Other Pneumoconioses	Pressure				
190 Dislocation	189 Skin Condition, NEC**	289 Pneumoconiosis and Tuberculosis	240 Effects of Environmental Heat				
200 Electric Shock, Electrocution	Poisoning Systemic	Nervous System, Conditions of	220 Effects of Exposure to Low Temperature				
210 Fracture	270 Poisoning, Systemic, UNS*	560 Nervous System, Conditions of - NEC**	530 Eye, other Diseases of the Eye				
250 Hernia, Rupture	271 Due to Toxic Materials other than Lead	561 Diseases of the Central Nervous	230 Hearing Loss or Impairment				
300 Scratches, Abrasions	272 Diseases of the Blood and Blood Forming	System	991 Heart Condition ,Excludes Heart Attack				
310 Sprains, Strains	Organs	562 Diseases of the Nerves and Peripheral	320 Hemorrhoids				
400 Multiple Injuries	273 Upper Respiratory Conditions	Ganglia	330 Hepatitis, Serum and Infective				
900 No Injury	274 Influenza, Pneumonia, Etc.	Neoplasm Tumor	275 Hepatitis, Toxic				
950 Damage to Prosthetic Devices	276 Other Diseases of the Gastro-Intestinal	550 Neoplasm Tumor, UNS*	260 Inflammation of Joints, Etc.				
995 No Other Injury, NEC**	Tract	550 Neoplasiii Tullior, CNS 551 Malignant	540 Mental Disorders				
999 Non-classifiable	278 Effects of Lead	552 Benign	900 No Illness				
Infective or Parasitic Disease	279 Other Toxic Effects of One System Only	Radiation Effects	999 Non-classifiable				
150 Infective or Parasitic Disease, UNS*	Respiratory Systems, Conditions of	290 Radiation Effects, UNS*	990 Occupational Disease, NEC**				
151 Amebiasis	570 Respiratory Systems, Conditions of	291 Non-Ionizing Radiation	580 Symptoms and Ill-defined Conditions				
152 Anthrax	570 Respiratory Systems, Conditions of 571 Upper Respiratory	292 Microwaves	22. Symptoms and in defined Conditions				
153 Brucellosis	572 Asthma, Influenza, Pneumonia	293 Ionizing Radiation - X-Ray					
154 Conjunctivitis and Opthalmia	Pneumoconiosis	294 Ionizing Radiation - Isotopes					
156 Tetanus	280 Pneumoconiosis	295 Welder's Flash					
BODY PART AFFECTED CODES							
Head 100 Head, UNS*	160 Skull 198 Head Multiple	398 Upper Extremities, Multiple 400 Trunk, UNS*	513 Knee(s)				
	200 Neck & Cervical Vertebrae	410 Abdomen, Internal Organs,	515 Lower Leg(s)				
110 Brain 120 Ear(s), UNS*	UPPER EXTREMITIES		518 Leg(s), Multiple				
120 Ear(s), UNS** 121 Ear(s), External	300 Upper Extremities, NEC**	Inguinal Hernia 420 Back	519 Leg(s), NEC**				
121 Ear(s), External 124 Ear(s), Internal	310 Arm(s), UNS*	420 Back 430 Chest, Ribs, Breastbone,	520 Ankle(s) 530 Foot or Feet, Not Ankle				
130 Eye(s), UNS*	310 Arm(s), UNS* 311 Upper Arm	430 Chest, Ribs, Breastbone, Internal Organs	530 Foot or Feet, Not Ankle 540 Toe(s)				
140 Face, UNS*	313 Elbow(s)	440 Hip(s),Pelvis, Organs and	598 Lower Extremities, Multiple				
141 Jaw, Chin	315 Forearm(s)	Buttocks 450 Shoulder(s)	700 MULTIPLE PARTS				
144 Mouth and Throat (vocal chords, larynx)	318 Arm(s), Multiple		Applies when more than one major body p				
146 Nose	319 Arm(s), NEC**	498 Trunk, Multiple	as been effected such as an arm and a leg				
148 Face, Multiple Parts	320 Wrist(s)	LOWER EXTREMITIES	999 NON-CLASSIFIABLE - Insufficient infor-				
149 Face, NEC**	330 Hand(s), Not Wrists or Fingers	500 Lower Extremities	mation to identify part of body effected. In-				
150 Scalp	340 Finger(s)	510 Leg(s), UNS*	cludes damage to prosthetic devises.				