**Workers Compensation – First Report of Injury Guide**

| **State** | **Form** |
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| **Alabama** | First Report of Injury Form 2 |
| **Alaska** | Worker’s Compensation Claim Form 07-6106 |
| **Arizona** | Employer’s Report of Industrial Injury ICA 04-0101 |
| **Arkansas** | First Report of Injury or Illness Form IA-1 |
| **California** | Injury and Illness Incident Report Cal/OSHA Form 301 |
| **Colorado** | First Report of Injury Form WC1 |
| **Connecticut** | First Report of Occupational Injury or Illness Form FRI |
| **Delaware** | First Report of Occupational Injury or Disease Form 60 07 02 11 12 01 |
| **District of Columbia (WDC)** | First Report of Injury or Occupational Disease Form 8 DCWC |
| **Georgia** | First Report of Injury or Occupational Disease Form WC-1 |
| **Hawaii** | Report of Industrial Injury Form WC-1 |
| **Idaho** | First Report of Injury or Illness Form IA-1 |
| **Illinois** | First Report of Injury Form 45 |
| **Indiana** | First Report of Employee Injury/Illness Form 33401 |
| **Iowa** | First Report of Injury or Illness Form 14-0001 |
| **Kansas** | Accident Report Form K-WC 1101-A |
| **Kentucky** | Application for Resolution of Injury Claim Form 101 |
| **Louisiana** | Report of Industry or Illness WC-1007 |
| **Maine** | First Report of Occupational Injury or Disease Form WCB-1 |
| **Maryland** | File online at http://www.wcc.state.md.us/WFMS/Med\_WebForms.html#FROI\_Instructions |
| **Massachusetts** | First Report of Injury or Fatality Form 101 |
| **Michigan** | Basic Report of Injury Form WC 100 |
| **Minnesota** | First Report of Injury Form FRO1 |
| **Mississippi** | First Report of Injury or Illness Form IAIABC IA-1 |
| **Missouri** | Report of Injury Form WC-1-ED1 |
| **Montana** | First Report of Injury or Occupational Disease ERD – 991 |
| **Nebraska** | First Report of Alleged Occupational Injury or Illness Form NWCC Form 1 |
| **Nevada** | Report of Industrial Injury or Occupational Disease Form C-3 |
| **New Hampshire** | First Report of Occupational Injury or Disease Form 8WC |
| **New Jersey** | First Report of Injury or Illness Form IA-1 |
| **New Mexico** | First Report of Injury or Illness Form E1.2 |
| **New York** | Report of Work-Related Injury/Illness Form C-2.0 |
| **North Carolina** | Notice of Accident to Employer and Claim of Employee, Representative, or Dependent Form 18 |
| **North Dakota** | First Report of Injury Form SFN2828 |
| **Ohio** | First Report of Injury, Occupational Disease or Death Form BWC11-01 |
| **Oklahoma** | First Notice of Accidental Injury and Claim for Compensation Form 3 |
| **Oregon** | Report of Job Injury or Illness Form 801 |
| **Pennsylvania** | Must be reported online via:[www.portal.state.pa.us/portal/server.pt/community/claims\_information/10431/wc\_claim\_forms/](http://www.portal.state.pa.us/portal/server.pt/community/claims_information/10431/wc_claim_forms/)1850215 |
| **Rhode Island** | Employers report directly to their Worker’s Compensation insurance companies. Insurers must report electronically to State of RI at http://ridltedi.info/ |
| **South Carolina** | First Report of Injury and Illness Form WCC 12A |
| **South Dakota** | First Report of Injury Form 1830 |
| **Tennessee** | First Report of Work Injury or Illness Form LB-0021 |
| **Texas** | First Report of Injury or Illness Form-0001 |
| **Utah** | First Report of Injury or Illness Form 122 |
| **Vermont** | First Report of Injury Form 1 |
| **Virginia** | First Report of Injury Form #3 |
| **Washington** | File online at http://www.lni.wa.gov/ORLI/ECS/FileFast.asp |
| **West Virginia** | Report of Occupational Injury or Disease Form OIC-WC-2 |
| **Wisconsin** | First Report of Injury or Disease Form WKC-12 |
| **Wyoming** | Report of Injury Form  |