



James J. Campbell
Commissioner

The Commonwealth of Massachusetts

Department of Industrial Accidents

600 Washington Street

Boston, Mass. 02111

HOW/WHEN TO FILL OUT THE EMPLOYER'S FIRST REPORT OF INJURY OR FATALITY (FORM 101)

This form should be filled out when an employee is injured or alleges an injury, and is unable to earn full wages for five or more calendar days (Mondays through Sundays). It is the duty of the employer to report an alleged injury, whether or not the employer agrees with the employee's claim. The form must be filed within seven business days (not counting Sundays and legal holidays) from the fifth day of disability.

The form with the original signature should be sent to the D.I.A.
Make three copies:

1. One for the employee.
2. One for the insurer.
3. One for your records.

Box 1. Please print or type the employee's last name, first name and middle initial as you know it.

Box 3. Please provide the employee's social security number.

Box 5. Please print or type the employee's address.

Box 8. Indicate the date the employee was hired.

Box 9. Please print the employee's date of birth.

Box 10. Please print the gross amount the employee makes every week.

Box 11. Please print or type your full business name.

Box 13. Please print your address. This is where official notices will be sent.

Box 15. Please print your industrial code. The codes directory is on the back of the form. If you can not find an appropriate code, use 99.

Box 16. Please print your workers' compensation insurance carrier, not your agent.

- Box 18. If you are certified by this Department as a self insurer, check yes, otherwise check no.
- Box 22. Please type the date the employee suffered the injury, or the last full day the employee worked prior to the disability.
- Box 25. If you have more than one branch office, please type in your code for the branch location where the injury occurred.
- Box 27. Type in the first day the employee was disabled or incapacitated due to the injury.
- Box 28. Type in the fifth day the employee was disabled or incapacitated due to the injury.
- Box 32. Please type the day the injury was reported to you.
- Box 34. Please type the injury codes. The code directory is listed on the back of the form. If you can not find an appropriate code, use 999.
- Box 35. Please type the body part codes. The codes directory is on the back of the form. If you can not find an appropriate code use 999.
- Box 37. Please list the names of any witness to the injury.
- Box 38. Indicate whether the employee has returned to work or not by checking the appropriate box.
- Box 39. Please print the date the employee returned to work, if applicable.
- Box 41. Please print the name of the person preparing the form.
- Box 43. The preparer's original signature should be entered here.
(the employee cannot sign as agent for the employer)
- Box 44. The date the form is filled out should be entered in this space.

A **sample form** has been filled out for your benefit.

FORM 101



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS - DEPARTMENT 101
600 WASHINGTON STREET - 7TH FLOOR, BOSTON, MA 02111

EMPLOYER'S FIRST REPORT OF INJURY OR FATALITY

DIA BOARD NO.:

ENTER IF KNOWN

File this form if injury has resulted in death or in 5 or more calendar days of total or partial incapacity from earning wages.

INSTRUCTIONS AND CODES ON THE REVERSE SIDE. PLEASE PRINT OR TYPE:

E M P L O Y E	1. Employee's Name (Last, First, MI) Smith, John T.	2. Home Telephone () 555-1234	3. Social Security Number* 026 - 47 - 4567	4. Sex M <input checked="" type="checkbox"/> F <input type="checkbox"/>
	5. Home Address (No. and Street, City, State, Zip) 237 Elm St., Boston, MA 02122		6. Marital Status M <input checked="" type="checkbox"/> S <input type="checkbox"/>	7. Number of Dependents 2
	8. Date of Hire (mm/dd/yy) 11 / 22 / 76	9. Date of Birth (mm/dd/yy) 12 / 27 / 58	10. Average Weekly Wage \$ 679.33 <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual	
E M P L O Y E R	11. Employer's Name T.J.'s Trucking Co.		12. Federal Tax I.D. Number	
	13. Employer's Address (No. and Street, City, State, Zip) 175 Boston Ave. Medford, MA 02155		14. Employer's Telephone () 395-6789	
	16. Workers' Compensation Insurance Carrier (Not Local Agent/Adjuster) Liberty Mutual Ins. Co.		17. W.C. Policy Number B24690255C	
	18. Self-Insured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. Self-Insurer Number:	
I N J U R Y	20. Describe Nature of Business or Article Manufactured (check one) <input checked="" type="checkbox"/> Service <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing		21. Dept. No. Floor No.	
	22. Date of Injury (mm/dd/yy) 2 / 22 / 93		24. Injured on Employer's Premises? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
I N J U R Y	23. Location Where Injury Occurred (If Different Than #13)		25. Employer's Location Code	
	26. If Employee Has Died, Date of Death (mm/dd/yy)		27. First Day of Total or Partial Incapacity to Earn Wages (mm/dd/yy) 2 / 22 / 93	
	28. Fifth Day of Total or Partial Incapacity to Earn Wages (mm/dd/yy) 2 / 26 / 93		29. Source of Injury (Chemicals, Machinery, Etc.) Pallets	
I N J U R Y	30. Describe How Injury/Exposure Occurred (Struck By...Fell From...Exposed To...) Stacking empty pallets, strained back			
	31. To Whom Was Injury/Death Reported? Steve Sweeney Position: Whse. Manager	32. Date Reported (mm/dd/yy) 2 / 22 / 93	33. Date Reported as Work Related (mm/dd/yy) 2 / 22 / 93	
I N J U R Y	34. Injury Code(s) a. 310 b. c.		35. Body Part Code(s) a. 420 b. c.	
	36. Description (Left Leg...Lower Back...) Lower Back			
I N J U R Y	37. Witness(es) To The Injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "YES" Please Specify. Co-Worker, Ron James			
	38. Has Employee Returned to Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. Date of Return (mm/dd/yy) 3 / 5 / 93	
I N J U R Y	40. Employee's Regular Occupation Driver		40A. Returned to Regular Occupation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	41. Preparer for Employer (Please Print or Type) Alice Hussey		42. Title Personnel Manager	
I N J U R Y	43. Preparer's Signature <i>Alice Hussey</i>		44. Date Prepared (mm/dd/yy) 3 / 5 / 93	

*Disclosing Social Security Number is voluntary. It will assist in the processing of your report.

REPRODUCE AS NEEDED

Form #101 (2/93)

EMPLOYER'S FIRST REPORT OF INJURY OR FATALITY

FILING INSTRUCTIONS

- 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 Chapter 152.
- WHERE TO FILE:** The 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.
- PENALTIES:** Failure to report injuries on this form may result in a fine of \$100.00 in accordance with Massachusetts General Laws, Chapter 152, Section 6.

INDUSTRY CODES			
Agriculture, Forestry and Fishing	28 Chemicals and Allied Products	Wholesale Trade	73 Business Services
01 Agriculture Production-Crops	29 Petroleum and Coal Products	50 Wholesale Trade-Durable Goods	75 Auto Repair Services and Parking
02 Agriculture Production-Livestock	30 Rubber and Misc. Plastics Products	51 Wholesale Trade-Non-durable Goods	76 Miscellaneous Repair Services
07 Agriculture Services	31 Leather and Leather Products		78 Motion Pictures
08 Forestry	32 Stone, Clay, and Glass Products	Retail Trade	79 Amusement and Recreation Services
09 Fishing, Hunting and Trapping	33 Primary Metal Industries	52 Building Materials and Garden Supplies	80 Health Services
	34 Fabricated Metal Products	53 General Merchandising Stores	81 Legal Services
Mining	35 Industrial Machinery and Equipment	54 Food Stores	82 Educational Services
10 Metal Mining	36 Electronic and Other Electric Equipment	55 Automotive Dealers and Service Stations	83 Social Services
12 Coal Mining	37 Transportation Equipment	56 Apparel and Accessory Stores	84 Museums, Botanical, Zoological Gardens
13 Oil and Gas Extraction	38 Instruments and Related Products	57 Furniture and Homefurnishing Stores	86 Membership Organizations
14 Nonmetallic Minerals, Except Fuels	39 Miscellaneous Manufacturing Industries	58 Eating and Drinking Places	87 Engineering and Management Services
		59 Miscellaneous Retail	88 Private Households
Construction			89 Services, NEC
15 General Building Contractors	Transportation and Public Utilities	Finance, Insurance and Real Estate	Public Administration
16 Heavy Construction, Ex. Building	40 Railroad Transportation	60 Depository Institutions	91 Executive, Legislative, and Garden
17 Special Trade Contractors	41 Local and Interurban Passenger Transit	61 Nondepository Institutions	92 Justice, Public Order, and Safety
	42 Trucking and Warehousing	62 Security and Commodity Brokers	93 Finance, Taxation, and Monetary Policy
Manufacturing	43 U.S. Postal Service	63 Insurance Carriers	94 Administration of Human Resources
20 Food and Kindred Productions	44 Water Transportation	64 Insurance Agents, Brokers and Service	95 Environmental Quality and Housing
21 Tobacco Products	45 Transportation by Air	65 Real Estate	96 Administration of Economic Programs
22 Textile Mill Products	46 Pipelines, Except Natural Gas	67 Holding and Other Investment Offices	97 National Security and International Affairs
23 Apparel and Other Textile Products	47 Transportation Services		
24 Lumber and Wood Products	48 Communications	Services	Nonclassifiable Establishments
25 Furniture and Fixtures	49 Electric, Gas and Sanitary Services	70 Hotels and Other Lodging Places	99 Nonclassifiable Establishments
26 Paper and Allied Products		72 Personal Services	
27 Printing and Publishing			

NATURE OF INJURY OR ILLNESS CODES			
100 Amputation or Enucleation	159 Other Infective or Parasitic Disease	284 Bysinosis	510 Cerebrovascular and other Conditions of the Circulatory System
110 Asphyxia, Strangulation, Etc.	Dermatitis	285 Siderosis	520 Complications Peculiar to Medical Care
120 Burn (Heat)	180 Dermatitis, UNS*	286 Silicosis	500 Effects of Changes in Atmospheric Pressure
130 Burn (Chemical)	183 Primary Infections of the Skin	287 Other Pneumoconiosis	240 Effects of Environmental Heat
140 Concussion	184 Other Skin Conditions	289 Pneumoconiosis with Tuberculosis	220 Effects of Exposure to Low Temperature
160 Contusion, Crushing, Bruise	185 Dermatitis, Allergic or Contact	Nervous System Conditions of	530 Eye, other Diseases of the Eye
170 Cut, Laceration, Puncture	189 Skin Condition, NEC**	560 Nervous System, Conditions of, UNS*	230 Hearing Loss or Impairment
190 Dislocation	Poisoning, Systemic	561 Diseases of the Central Nervous System	991 Heart Condition, Excludes Heart Attack
200 Electric Shock, Electrocution	270 Poisoning, Systemic, UNS*	562 Diseases of the Nerve and Peripheral Ganglia	320 Hemorrhoids
210 Fracture	271 Due to Toxic Materials other than Lead	Neoplasm, Tumor	330 Hepatitis, Serum and Infective
250 Hemia, Rupture	272 Diseases of the Blood and Blood Forming Organs	550 Neoplasm, Tumor UNS*	275 Hepatitis, Toxic
300 Scratches, Abrasions	273 Upper Respiratory Conditions	551 Malignant	260 Inflammation of Joints, Etc.
310 Sprains, Strains	274 Influenza, Pneumonia, Etc.	552 Benign	540 Mental Disorders
400 Multiple Injuries	276 Other Diseases of the Gastro-Intestinal Tract	Radiation Effects	900 No Illness
900 No Injury	278 Effects of Lead	290 Radiation Effects, UNS*	999 Non-classifiable
950 Damage to Prosthetic Devices	279 Other Toxic Effects of One System Only	291 Non-ionizing Radiation	990 Occupational Disease, NEC**
995 No Other Injury, NEC**	Respiratory System Conditions of	292 Microwave	580 Symptoms and Ill-defined Conditions
999 Non-classifiable	570 Respiratory System, Conditions of UNS*	293 Ionizing Radiation - X-Ray	
Infective or Parasitic Disease	571 Upper Respiratory	294 Ionizing Radiation - Isotopes	
150 Infective or Parasitic Disease, UNS*	572 Asthma, Influenza, Pneumonia	295 Welder's Flash	
151 Amebiasis	Pneumoconiosis	Other	
152 Anthrax	280 Pneumoconiosis	265 Carpal Tunnel Syndrome	
153 Brucellosis	281 Aluminumosis		
154 Conjunctivitis and Ophthalmia	282 Anthracosis		
156 Tetanus	283 Asbestosis		
157 Tuberculosis			

BODY PART AFFECTED CODES			
Head	160 Skull	340 Finger(s)	513 Knee(s)
100 Head, UNS*	198 Head, Multiple	398 Upper Extremities, Multiple	515 Lower Leg(s)
110 Brain	200 Neck & Cervical Vertebrae	400 Trunk, UNS*	518 Leg(s), Multiple
120 Ear(s), UNS*	UPPER EXTREMITIES	410 Abdomen...Internal Organs,	519 Leg(s), NEC**
121 Ear(s), External	300 Upper Extremities, UNS*	Inguinal Hernia	520 Ankle(s)
124 Ear(s), Internal	310 Arm(s), UNS*	420 Back	530 Foot or Foot... Not Ankle or Toes
130 Eye(s)	311 Upper Arm(s)	430 Chest...Ribs, Breastbone,	540 Toe(s)
140 Face, UNS*	313 Elbow(s)	Internal Organs	598 Lower Extremities, Multiple
141 Jaw, Chin	315 Forearm(s)	440 Hip(s)...Pelvis, Organs, and Buttocks	700 MULTIPLE PARTS
144 Mouth & Throat (vocal cords, larynx)	318 Arm(s), Multiple	450 Shoulder(s)	Applies when more than one major body part has been affected such as an arm and a leg.
146 Nose	319 Arm(s), NEC**	498 Trunk, Multiple	NONCLASSIFIABLE
148 Face, Multiple Parts	320 Wrist(s)	LOWER EXTREMITIES	999 Insufficient information to identify part of body affected. Includes damage to prosthetic devices.
149 Face, NEC**	330 Hand(s) Not Wrists or Fingers	500 Lower, Extremities, UNS*	
150 Scalp		510 Leg(s), UNS*	
		511 Thigh(s)	

*UNS-UNSPECIFIED

**NEC-NOT ELSEWHERE CLASSIFIED