

Employer Information

*Legal Business Name	
Other Name	
*Street Address 1	
Street Address 2	
*City	
*State	
* ZIP Code	

Information about persons whom ADOSH can contact

Contact #1

*First Name	
*Last Name	
*Title	
*Phone <i>Ex. 602-999-9999</i>	
*Email Address <i>Ex. jane.doe@mail.com</i>	

Information about persons whom ADOSH can contact

Contact #2

First Name	
Last Name	
Title	
Phone <i>Ex. 602-999-9999</i>	
Email Address <i>Ex. jane.doe@mail.com</i>	

Information for Each of the Victims

Victim #1

*Victim First Name	
*Victim Last Name	
*What was the employee doing just before the incident occurred?	
*What was the injury or illness?	
What object or substance directly harmed the employee?	

Was there a fatality?

Yes

No

Was victim hospitalized?

Yes

No

Was there an amputation?

Yes

No

Additional Victim Information:

Submitter Email Address:

Was there the loss of an eye?

Yes

No

Submit Date: