FORM 101

The Commonwealth of Massachusetts

DIA USE ONLY

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

EMPLOYER'S FIRST REPORT OF INJURY

OR FATALITY

THIS FORM MUST BE FILED BY THE EMPLOYER 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):	2. Home T	Telephone Number:	3. Social Security	Number*: 4. Sex:		
P L O Y	5. Home Address (No., Street, City, State & Zip Code):			6. Marital Status:	7. No. of Dependents: S		
E E	8. Date of Hire (mm/dd/yyyy):	9. Date of Birth (mm/dd/yyyy):		10. Average Weekly Wage: \$ Estimated Actual			
	11. Employer's Name:			12. Federal Tax I.D. Number:			
E M P L O Y E R	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 Number:			
	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	21. Was Employee Injured on Employer's Premises? Yes No		22. Location of Injury	of Injury 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):				
Y I	25. If Employee has Died, Date of Death (mm/dd/yyyy):		26. Source of Injury (Chemicals, Machinery, etc.):				
N F O R	27. Briefly Describe How Injury/Exposure Occurred and Body Part(s) involved:						
M A T I O N	28. Person to Whom Injury was Reported (list po	osition):	29. Date Reported (mr		0. Date Reported as work related nm/dd/yyyy):		
	31. Injury Code(s) Body Part Code(s) a. to body part		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. Date Employee Returned to Work(mm/dd/yyyy):				
	35. Employee's Regular Occupation:		36. Has Employee Returned to Regular Occupation: Yes No				
	55. Employee's Regular Occupation.		36. Has Employee Ret	urned to Regular O	ccupation: Yes No		
	37. EMPLOYER'S Name (SEE INSTRUCTION	ER'S Name (SEE INSTRUCTIONS ON REVERSE SIDE): 38. Title:					
	39. EMPLOYER'S Signature (SEE INSTRUCTI	ONS ON REVERSE SIDE)	40. Date Prepared (mr	n/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. THIS FORM DOES NOT CONSTITUTE AN EMPLOYEE'S CLAIM FOR BENEFITS UNDER WORKERS' COMPENSATION.

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.

	INDUST	RY 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		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
09 Fishing, fluiting and frapping	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			
12 Coal Mining	36 Electronic and Other Electrical Equipment	57 Furniture and Home Furnishing Stores58 Eating and Drinking Establishments	87 Engineering and Management Services
13 Oil and Natural Gas	37 Transportation Equipment		88 Private Households
14 Nonmetallic Minerals, Except Fuels	38 Instruments and Related Products	59 Miscellaneous Retail	89 Services, NEC
· · · · · · · · · · · · · · · · · · ·	39 Miscellaneous Manufacturing Industries		
Construction	Transportation and Public Utilities	Finance, Insurance and Real Estate	Public Administration
15 General Building Contractors	40 Railroad Transportation	60 Depository Institutions	91 Executive, Legislative and Garden
16 Heavy Construction, Ex. Building	41 Local and Interurban Passenger Transit	61 Non-depository Institutions	92 Justice, Public Order, and Safety
17 Special Trade Contractors		62 Security and Commodity Brokers	93 Finance, Taxation, and Monetary Benefits
*	42 Trucking and Warehousing	63 Insurance Carriers	94 Administration of Human Services
Manufacturing	43 U.S. Postal Service	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	67 Holding and Other Investment Officers	97 National Security and International Affairs
22 Textile Mill Products	46 Pipelines, Except Natural Gas	-	-
23 Apparel and Other Textile Products	47 Transportation Services	Services	Non-classifiable Establishments
24 Lumber and Wood Products	48 Communications	70 Hotels and Other Lodging Places	99 Non-classifiable Establishments
25 Furniture and Fixtures	49 Electric, Gas and Sanitary Services	72 Personal Services	
26 Paper and Allied Products	Wheelerste Treede	73 Business Services	
27 Printing and Publishing	Wholesale Trade	75 Auto Repair Services and Parking	
27 Trining and Fublishing	50 Wholesale Trade - Durable Goods	76 Miscellaneous Repair Services	
	NATURE OF INJUR	Y OR ILLNESS CODES	
100 Amputation or Erucloation	157 Tuberculosis	281 Aluminosis	Other
110 Asphyxia or Strangulation Etc.	159 Other Infective or Parasitic Diseases	282 Anthracosis	265 Carpal Tunnel Syndrome
120 Burns (Heat)	Dermatitis	283 Asbestosis	510 Cardiovascular and Other Conditions
130 Burns (Chemical)	180 Dermatitis, UNS*	284 Byssinosis	of the Circulatory System
140 Concussion	183 Primary Infections of the Skin	285 Siderosis	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	270 Poisoning, Systemic, UNS* 271 Due to Toxic Materials other than Lead	561 Diseases of the Central Nervous	230 Hearing Loss or Impairment
300 Scratches, Abrasions	271 Due to Toxic Materials other than Lead 272 Diseases of the Blood and Blood Forming	System	991 Heart Condition ,Excludes Heart Attack
310 Sprains, Strains	Organs 272 Unner Despiratory Conditions	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	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	571 Upper Respiratory	292 Microwaves	
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 A	FFECTED CODES	
Head	160 Skull	398 Upper Extremities, Multiple	513 Knee(s)
100 Head, UNS*	198 Head Multiple	400 Trunk, UNS*	515 Lower Leg(s)
110 Brain	200 Neck & Cervical Vertebrae	410 Abdomen, Internal Organs,	518 Leg(s), Multiple
120 Ear(s), UNS*	UPPER EXTREMITIES	Inguinal Hernia	519 Leg(s), NEC**
121 Ear(s), External	300 Upper Extremities, NEC**	420 Back	519 Leg(s) , $\text{NEC}^{(1)}$

121 Ear(s), External 300 Upper Extremities, NEC** 420 Back 520 Ankle(s) 124 Ear(s), Internal 310 Arm(s), UNS* 430 Chest, Ribs, Breastbone, 530 Foot or Feet, Not Ankle 130 Eve(s), UNS* 311 Upper Arm Internal Organs 540 Toe(s) 140 Face, UNS* 440 Hip(s)..,Pelvis, Organs and 313 Elbow(s) 598 Lower Extremities, Multiple 700 MULTIPLE PARTS 141 Jaw, Chin 315 Forearm(s) Buttocks 450 Shoulder(s) 144 Mouth and Throat (vocal chords, larynx) 318 Arm(s), Multiple Applies when more than one major body part 319 Arm(s), NEC** as been effected such as an arm and a leg 999 NON-CLASSIFIABLE - Insufficient infor-146 Nose 498 Trunk, Multiple LOWER EXTREMITIES 500 Lower Extremities 148 Face, Multiple Parts 320 Wrist(s) 149 Face, NEC* 330 Hand(s), Not Wrists or Fingers mation to identify part of body effected. In-150 Scalp 340 Finger(s) 510 Leg(s), UNS* cludes damage to prosthetic devise

***UNS - UNSPECIFIED**

**NEC - NOT ELSEWHERE CLASSIFIED