

ILLINOIS FORM 45: EMPLOYER'S FIRST REPORT OF INJURY
Please type or print.

Employer's FEIN F - 362821648		Date of report		Case or File #		Is this a lost workday case? Yes / No	
Employer's name SPEED SEJA 802 SCHOOL DISTRICT				Doing business as			
Employer's mailing address 1125 DIVISION STREET CHICAGO HEIGHTS, IL 60411							
Nature of business or service					SIC code		
Name of workers' compensation carrier/admin. Riverport Ins. Co. FAX to: 1-866-904-1907 or CALL (24 HR): 1-800-272-8520			Policy/Contract # WC-12-87-013873-00		Self-insured? Yes / <u>No</u>		
Employee's full name				Social Security #		Birthdate	
Employee's mailing address						Employee's e-mail address	
Male / Female		Married / Single		# Dependents		Employee's average weekly wage	
Job title or occupation				Date hired			
Time employee began work AM PM		Date and time of accident		Last day employee worked			
If the employee died as a result of the accident, give the date of death.				Did the accident occur on the employer's premises? Yes / No			
Address of accident							
What was the employee doing when the accident occurred?							
How did the accident occur?							
What was the injury or illness? List the part of body affected and explain how it was affected.							
What object or substance, if any, directly harmed the employee?							
Name and address of physician/health care professional							
If treatment was given away from the worksite, list the name and address of the place it was given.							
Was the employee treated in an emergency room? Yes / No				Was the employee hospitalized overnight as an inpatient? Yes / No			
Report prepared by		Signature			Title and telephone #		

Please send this form to the **ILLINOIS WORKERS' COMPENSATION COMMISSION**
4500 S. SIXTH ST. FRONTAGE RD. SPRINGFIELD, IL 62703-5118.
IC45 6/09

By law, employers must keep accurate records of all work-related injuries and illness (except for certain minor injuries). Employers shall report to the Commission all injuries resulting in the loss of more than three scheduled workdays. Filing this form does not affect liability under the Workers' Compensation Act and is not incriminatory in any sense. This information is confidential.