

## State of New York - Workers' Compensation Board

# REPORT OF WORK-RELATED INJURY OR OCCUPATIONAL DISEASE

**This form is to be filed with the Workers' Compensation Board within 10 days of a work-related injury or illness. A copy of this report should be provided to your insurance carrier. No hearing will be scheduled at the Board in response to this report of injury.**

EMPLOYER'S NAME AND MAILING ADDRESS		INSURANCE CARRIER'S NAME AND MAILING ADDRESS	
FILING ENTITY: <input type="checkbox"/> Employer <input type="checkbox"/> Carrier <input type="checkbox"/> Other (If "Other", give name and address.)		CARRIER ID NUMBER  W-	CARRIER CASE NUMBER
		WC POLICY NUMBER	EFFECTIVE DATE OF POLICY
INJURED EMPLOYEE (First Name, Middle Initial, Last Name)		EMPLOYEE'S ADDRESS (Street No. & Name, Apt No., City, State & Zip Code)	
UNION NAME & LOCAL NUMBER			
EMPLOYEE'S SOCIAL SECURITY NUMBER	DATE OF BIRTH	TELEPHONE NUMBER	SEX
SPECIFIC DETAILS AS TO OCCURRENCE OF INJURY AND PART(S) OF BODY AFFECTED			
ADDRESS WHERE INJURY OCCURRED		DATE OF INJURY	TIME OF INJURY
		DATE SUPERVISOR FIRST KNEW OF INJURY	
WAS MEDICAL CARE PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY WHOM?  DATE(S) MEDICAL CARE PROVIDED: _____  IS THIS A DEATH CASE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAS EMPLOYEE RETURNED TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE OF RETURN: ____/____/____			
Prepared by		Official Title	
Date of this Report		Telephone Number & Extension	

**ADR-1**

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## **FILING INSTRUCTIONS**

**Please note that the ADR-1 Report of Injury form must be submitted to the Workers' Compensation Board within 10 days of a work related injury or illness, as required by 12 NYCRR § 314.2(d)(5).**

**The ADR-2 Final Disposition of Claim form must be filed with the Workers' Compensation Board's local district office within 30 days of the final resolution of a claim through settlement, mediation, or arbitration, as required by 12 NYCRR § 314.7(a).**

**Failure to file the prescribed ADR forms with the Workers' Compensation Board in a timely manner may result in revocation of the parties' authorization to participate in the Alternative Dispute Resolution Pilot Program.**