

FIRST REPORT OF INJURY OR ILLNESS

FLORIDA DEPT OF LABOR EMPLOYMENT SECURITY
 DIVISION OF WORKERS' COMPENSATION
 For assistance call 1-800-342-1741
 Or contact your local EAO office
 Report all deaths within 24 hours (800) 219-8953

Indian River County BOCC
 1800 27th Street, Vero Beach, FL 32960 ● (772) 567-8000
 Federal ID Number: 59-6000674
 Nature of Business: Municipality
 Claims Adjuster: **Johns Eastern Company**
 P.O. Box 110279, Lakewood Ranch, FL 34211 ● (800) 749-3044

EMPLOYEE INFORMATION

| | | | |
|--------------|-------------------|--------------|-------------------------|
| Name | Social Security # | Birth date | Gender |
| Home Address | City / State | Zip | Telephone - Home |
| Department | Occupation | Date of Hire | Telephone – Work / Cell |

ACCIDENT INFORMATION

| | | | | | |
|---|--------------------------|-----------------------|---------------------------|---------------------|-------------|
| Date of Accident | | Time of Accident | | Date First Reported | |
| Time Started Work | Last Day Employee Worked | Returned to Work? Y/N | If So, What Date | | |
| Hourly Rate of Pay | # Hours / Day | # Hours / Week | # Days Per Week | | |
| Description of Accident | | | | | |
| Injury or Illness That Occurred | | | Parts of Body Affected | | |
| Place of Accident | Street | City/State | Zip | | |
| Agree with Description of Accident? Y/N | | Reported by | Date | | |
| Supervisor Name: | | Supervisor Phone: | | | |
| Name / Address / Telephone of Physician or Hospital for Treatment | | | | | |
| Emergency Room: Indian River Medical Center: 1000 36 th Street, Vero Beach – 567-4311 | | | | | |
| Emergency Room: Sebastian River Medical Center: 13695 US Hwy 1, Vero Beach – 589-3186 | | | | | |
| Care Spot Urgent Care: 1820 58 th Ave., Vero Beach – 772-257-3200 | | | | | |
| Indian River Walk-In Care: 1880 37 th St, Suite 4, Vero Beach – 772-778-1400 (Call first for appointment) | | | | | |
| MD Now (IR Walk-In Clinic): 640 21 st St, Vero Beach – 772-299-1092 | | | | | |
| IRMC Walk-In Sebastian: 801 Wellness Way, Suite 107, Sebastian – 772-226-4200 | | | | | |
| MedExpress Urgent Care: 1150 US Hwy 1, Vero Beach – 772-978-5679 | | | | | |
| Other: | | | | | |
| Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree. I have reviewed, understand and acknowledge the above statement. | | | | | |
| Employee Signature | | Date | Employer Signature | | Date |