

ACCIDENT REPORT

K-WC 1101-A (Rev. 10-13)

- SEE INSTRUCTIONS ON PAGE 2 -

Send this completed form to your insurer, third party administrator or pool association for submission electronically to the Division of Workers Compensation.

Direct questions or comments to:
Toll free (800) 332-0353

There is a \$250 penalty for repeated failure to file accident reports within 28 days of the date the employer is informed of the accident. **Submission does not constitute admission of liability.**

OSHA Case or File Number _____

1. Federal Employer's Identification Number _____ Date of hire _____
2. Name of employer _____ Phone (____) _____
3. Mailing address _____
Street City State ZIP
4. Location, if different from mailing address _____
Street City State ZIP
5. Nature of business _____ NAICS or S.I.C. Code _____ Dept. or division _____
6. Name of employee _____ Age _____ Sex _____
First Middle Last
7. Home address _____
Street City State ZIP
8. SSN _____ Birth date _____ Employee's occupation _____ Home phone (____) _____
9. Date of injury or occupational disease _____ Time of injury _____ a.m. / p.m.
Date reported to employer _____ Date disability began _____ Gross average weekly wage \$ _____
10. Place of accident or last exposure _____
City County State
11. Was accident or last exposure on employer's premises? YES NO
12. How did accident occur? _____
13. What was employee doing when injured? _____
14. Name substance or object that directly caused injury* _____
15. Describe in detail nature and extent of injury, indicate part of body involved* _____
16. Was worker admitted to hospital? YES NO Date _____ Treated by emergency room only? YES NO
Hospital name and address _____
17. Name and address of attending physician or clinic _____
18. Has employee returned to regular duty? YES NO Light duty? YES NO Date _____
19. Is compensation now being paid? YES NO Date first/initial payment _____
20. Weekly compensation rate \$ _____ Is further medical aid needed? YES NO UNKNOWN
21. Did employee die? YES NO If YES, give date of death _____ (File amended report within 28 days if death subsequently occurs.)
22. Name(s) and address(es) of dependents (death cases only) _____
23. Insurance carrier and third party administrator _____
Address _____ Phone (____) _____
Street City State ZIP
Policy number _____ Name of agent _____
Claim number _____ Name of claim representative _____
24. Date of report _____ Completed by _____ Title _____

**FOR
OFFICE
USE**

COUNTY

CAUSE

NATURE

SEVERITY

0 - NO TIME LOST
1 - TIME LOST
2 - MEDICAL
3 - FATAL

SOURCE

MEMBER

Accident Report

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Instructions

You must answer every question; failure to answer all questions may cause the report to be returned to the employer. Returned accident reports may cause a delay of benefits to the injured employees and could subject the employer to fines.

The employer must send this accident report to its insurance carrier, third party administrator or pool association for electronic submission to the Kansas Department of Labor Division of Workers Compensation.

*Instructions for Questions 14 and 15

14: Name the object or substance which directly injured the employee. Example: machine or object employee struck or struck employee; vapor or poison employee inhaled or swallowed; chemicals or radiation which irritated employee's skin; if hernia, the object employee was lifting or pulling; etc.

15: Be as specific as possible indicating all that is known about the injury. Name the part of body injured.

Definition of an Incapacitating Injury

The Workers' Compensation Act sets forth a strict time frame for filing accident reports with the division. The controlling statute is K.S.A. 44-557(a), which reads as follows:

(a) it is hereby made the duty of every employer to make or cause to be made a report to the director of any accident, or claimed or alleged accident, to any employee which occurs in the course of the employee's employment and of which the employer or the employer's supervisor has knowledge, which report shall be made upon a form to be prepared by the director, within 28 days, after the receipt of such knowledge, if the personal injuries which are sustained by such accidents are sufficient wholly or partially to incapacitate the person injured from labor or service for more than the remainder of the day, shift or turn on which such injuries were sustained.

Accident reports are not required for every work-related injury. The statute requires a report to be filed when the worker's whole or partial incapacity continues beyond the "day, turn, or shift which such injuries are sustained" as the result of accident. "Incapacity" is not specifically defined within the law, but the division believes that the Legislature's intent was to reference a worker's whole or partial loss of the ability to perform his or her ordinary job tasks. When in doubt, keep in mind the law contains no penalty for filing a report that ultimately proves to be unnecessary. **There are penalties, however, for failing to file a report when one was required.** The penalties include fines and limitations on the defenses the employer may assert if a claim is filed.

OSHA Recordkeeping

The employer must complete an Injury and Illness Incident Report, OSHA Form 301, within seven (7) days of learning that a work-related injury or illness has occurred. According to OSHA's recordkeeping rule, you must keep Form 301, or an equivalent substitute on file for five (5) years.

To learn more about OSHA's recordkeeping requirements and download forms, visit:

www.osha.gov/recordkeeping/RKforms.html

Information for Injured Employees

Division of Workers Compensation
OMBUDSMAN/CLAIMS ADVISORY UNIT
800 SW Jackson Street, Suite 600
Topeka, KS 66612-1227

TOLL FREE 1-800-332-0353

If you were hurt on the job and have any questions about workers compensation benefits, contact the **Ombudsman/Claims Advisory Unit** of the Division of Workers Compensation. The division has full-time personnel who specialize in aiding injured workers with claim information and problems. They can provide information about benefits an injured worker may be entitled to receive. They can help solve problems with benefits not being paid on time, medical treatment, unpaid medical bills, questions about how to figure settlement amounts, etc. Assistance in Spanish is available.

WHAT TO DO IF AN ACCIDENT OCCURS ON THE JOB

1. Tell your employer that you were hurt on the job.
2. Follow your employer's instructions for getting medical aid and follow the doctor's instructions.
3. Within 200 days of the date of accident or date of last payment of compensation for disability or date of last authorized medical care, tell your employer **in writing** that you expect workers compensation benefits for your injury. Your employer might know you were hurt and compensation may be paid, however, you could lose all rights to future compensation if you do not tell the employer **in writing**. This is called a **Written Claim for Workers Compensation, K-WC 15**, and is available from the division. A written claim may be served in person by taking it to the employer to complete, sign, date top half and return it to injured worker (injured worker completes bottom half), or by mailing it to the employer by certified mail, return receipt requested. The post office receipt for the certified letter is generally sufficient proof that you submitted a written claim.

AVERAGE WEEKLY WAGE: A worker's "average weekly wage" is calculated by adding together the **base wage**, the **average weekly overtime** and the **weekly value of fringe benefits** that have been discontinued.

WEEKLY BENEFITS: Benefits are paid by the employer's insurance carrier or self-insurance program. Injured workers are not entitled to compensation for the first week they

are off work unless they lose three consecutive weeks. The first compensation payment is normally due at the end of the 14th day of lost time. An injured employee is entitled to a weekly amount of 66 2/3 percent of his average weekly wage up to a maximum of 75 percent of the state's average weekly wage. These benefits are subject to legislative changes. If the injury results in permanent disability, the Kansas workers compensation law provides for additional benefits.

MEDICAL BENEFITS: An injured worker is entitled to all medical services reasonably necessary to cure and relieve the worker from the effects of the injury. The employer has the right to select the doctor who will treat the injury. A worker may seek the services of an unauthorized doctor up to a limit of \$500. A worker may apply to the Workers Compensation Director to change the authorized treating doctor. Reimbursement for travel to obtain medical treatment is payable at a rate set by law for trips that are five miles or more (round trip).

RESPONSIBILITIES OF THE EMPLOYER

1. Employers must report all employee injuries to the Division of Workers Compensation within 28 days from the date of injury, or the date the employer learned about the injury, when the employee is wholly or partially incapacitated for more than the remainder of the day, turn or shift.
2. Employers must provide for the payment of workers compensation claims without any charge to employees.
3. Employers must post the Workers Compensation Notice prepared by the Director.
4. Employers must pay compensation benefits, regardless of insurance coverage.
5. Upon receiving notice of an injury, the employer must provide the employee written information to assist the injured worker in understanding his rights and responsibilities in obtaining compensation.

EMPLOYERS MUST COMPLETE THE FOLLOWING INFORMATION FOR INJURED WORKERS

YOUR CLAIM WILL BE HANDLED BY:

Company _____

Address _____

Contact Person _____

Telephone (_____) _____

E-mail _____

ATENCIÓN

Los Empleadores Son Requeridos a Proporcionar esta forma a cada Trabajador Lesionado

Llamada Gratis 1-800-332-0353
Consultores de Reclamos/Ombudsman

O Escriba A:
DIVISION OF WORKERS COMPENSATION
800 SW JACKSON STREET, SUITE 600
TOPEKA, KS 66612-1227

Si usted se ha lastimado en su trabajo, y tiene preguntas con respecto a los beneficios de la Compensación de Trabajadores, comuníquese con la **SECCIÓN DE CONSULTORES DE RECLAMOS/OMBUDSMAN** de la División de Compensación para Trabajadores de Kansas. Esta División mantiene personal especializado en proveer asistencia con problemas de reclamos y en dar información sobre estos a los trabajadores lastimados. Este personal le puede informar sobre los beneficios que un trabajador lastimado tiene derecho a recibir. También pueden asistirle en resolver los problemas con respecto a los beneficios que no se le están pagando a tiempo, al tratamiento médico, facturas de doctores que aún no se han pagado, y también con preguntas respecto a la cantidad del arreglo (settlement). En la División de Compensación de Trabajadores hay asistencia disponible en Español.

¿QUE HACER SI LE SUCEDE UN ACCIDENTE EN EL TRABAJO?

1. Avísele inmediatamente al empleador que usted se ha lastimado en su trabajo. **Dentro de 10 días del accidente.**
2. Siga las instrucciones del empleador con respecto al tratamiento médico, y siga las instrucciones del doctor.
3. Dentro de 200 días del accidente, o del último día en que le pagaron compensación por estar incapacitado, o en que recibió tratamiento médico autorizado, avísele al empleador **POR ESCRITO** que usted espera recibir los beneficios de compensación de trabajadores por su accidente. Aunque su empleador ya se haya informado del accidente, y ya le esté pagando los beneficios, usted puede perder el derecho de recibir compensación en el futuro, si no le avisa al empleador **POR ESCRITO**. Esta documentación es lo que se llama **AVISO POR ESCRITO (WRITTEN CLAIM)**. El Aviso Por Escrito se puede entregar al empleador de dos maneras diferentes: Se lo puede entregar en persona, y al mismo tiempo que se lo entrega, pídale un recibo. También se lo puede enviar por correo certificado, y el recibo será su prueba de que envió el Aviso Por Escrito.

PROMEDIO DEL SUELDO SEMANAL: Se calcula sumando lo siguiente: el sueldo básico, más un promedio de horas extras trabajadas por semana, mas el valor semanal de cualquier beneficio adicional que haya sido discontinuado.

BENEFICIOS SEMANALES: Los Beneficios se los paga la compañía aseguradora del empleador, o el programa interno de seguros del empleador. El trabajador lastimado no recibe compensación por la primera semana que este sin trabajar, **A MENOS QUE** esté sin trabajar por orden del doctor durante tres semanas consecutivas. El primer pago de compensación normalmente se le debe al trabajador al terminar el catorceavo día de estar sin trabajar. Un trabajador lastimado a causa del trabajo tiene derecho cada semana a una cantidad equivalente al 66 2/3% porciento del promedio de su sueldo semanal, hasta llegar a un máximo equivalente al 75% porciento del promedio de sueldos semanales designado por el Estado de Kansas. Estos beneficios son sujetos a cualquier cambio que ordene la legislatura del estado. Si el accidente resulta en una incapacidad permanente, la ley de compensación en Kansas le da derecho a otros beneficios adicionales.

BENEFICIOS MEDICOS: Un trabajador lastimado tiene derecho a todo servicio médico razonable y necesario para curar y aliviarle de los efectos del accidente. El empleador, tiene derecho a escoger el doctor para dar el tratamiento médico necesario. El trabajador tiene derecho de escoger los servicios de otro doctor no autorizado hasta llegar al límite máximo de \$500.00 dólares. El trabajador puede pedirle al Director de la Division de Compensación de Trabajadores el cambio de el doctor autorizado. Los gastos incurridos en viajes hechos para obtener tratamiento médico serán reembolsados según sean establecidos por la ley, siempre y cuando sean más de (5) cinco millas viaje redondo.

RESPONSABILIDADES DEL EMPLEADOR:

1. El empleador debe reportar cada accidente de los trabajadores a la División de Compensación de Trabajadores dentro de 28 días de la fecha del accidente, o de la fecha en que el empleador se haya dado cuenta del accidente, cuando el trabajador está completa o parcialmente incapacitado por lo que resta del día o del turno.
2. El empleador debe suministrar el pago de los reclamos sin cobrarles a los trabajadores.
3. El empleador debe exhibir un **AVISO** de Compensación al trabajador, preparado por el director.
4. El empleador debe pagar los beneficios de compensación aunque no tenga seguro.
5. En cuanto reciba aviso de un accidente, el empleador debe proporcionar al trabajador información por escrito para ayudarle a entender cuales son sus derechos y responsabilidades al obtener compensación.

**EL EMPLEADOR DEBE COMPLETAR LA SIGUIENTE INFORMACIÓN
PARA CADA TRABAJADOR LASTIMADO**

SU RECLAMO SERA DIRIGIDO POR:

Compañía: _____

Dirección: _____

Contacto: _____

Teléfono: _____