

SUMNER COUNTY OCCUPATIONAL INJURY REPORT
SUMNER COUNTY GOVERNMENT -RISK MANAGEMENT OFFICE
355 N. BELVEDERE DR., ROOM 304
GALLATIN, TENNESSEE 37066
PHONE # (615) 451-6023 -FAX # (615) 451-6052
employeeinjury@sumnertn.org

SUMNER COUNTY DOES NOT FOLLOW THE PROCEDURES OF THE STATE OF TENNESSEE
WORKERS' COMPENSATION PLAN.

PLEASE SEE SUMNER COUNTY GOVERNMENT EMPLOYEE RIGHTS WITH REGARDS TO
COMPENSATION FOR YOUR INJURY OR EXPOSURE LOCATED AT THE BOTTOM OF THIS FORM.

**THIS FORM MUST BE COMPLETED WITHIN 24 HOURS OF INJURY OR INCIDENT AND PROVIDED
TO THE OFFICE OF RISK MANAGEMENT WITHIN SEVEN (7) DAYS OR COVERAGE WILL BE DENIED**

EMPLOYER

NAME: _____ FEDERAL EMPLOYEE I.D. # _____
ADDRESS: _____ CITY: _____ STATE: TN ZIP CODE: _____
DEPARTMENT/SCHOOL: _____ PHONE: _____
DATE REPORT WRITTEN: ___/___/___ WRITTEN BY: _____ TITLE/POSITION _____

INJURED EMPLOYEE

NAME: _____ SOCIAL SECURITY NO. _____
ADDRESS: _____ CITY: _____ STATE: ___ ZIP CODE: _____
PHONE: _____ OCCUPATION: _____ AGE: ___ DOB: _____
SEX: MALE ___ FEMALE ___ MARITAL STATUS: SINGLE ___ MARRIED ___ DIVORCED ___ WIDOWED ___
NUMBER OF HOURS WORKED: PER DAY: ___: PER WEEK: ___: NUMBER OF DAYS PER WEEK: _____
WAGES: PER HOURS: \$_____: PER DAY: \$_____: EXTRA WAGES: \$ _____

DESCRIPTION OF INJURY OR EVENT

DID THE INJURY OR EXPOSURE OCCUR ON THE EMPLOYER'S PREMISES? YES: _____ NO: _____

DATE OF INJURY: ___/___/___: TIME OF INJURY: _____ A.M./P.M.

DATE OF NOTICE OF INJURY OR EXPOSURE: ___/___/_____

ADDRESS OF WHERE INJURY OR EXPOSURE OCCURRED: _____

DESCRIBE WHAT EMPLOYEE WAS DOING WHEN THE INJURY OR EXPOSURE OCCURRED, LIST TOOLS,
EQUIPMENT OR MATERIALS INVOLVED: _____

DESCRIBE FULLY WHEN AND HOW THE INJURY OR EXPOSURE OCCURRED IN DETAIL, GIVING ALL BODY
PART(S) AFFECTED: _____

WAS THE EMPLOYEE PAID IN FULL FOR THE DATE OF INJURY OR EXPOSURE: YES: ___ NO: _____

HAS THE EMPLOYEE MISSED WORK BECAUSE OF THE INJURY OR EXPOSURE ON ANY DAY AFTER THE DATE IT OCCURRED, INCLUDING WEEKEND OR REGULSCHEDULED DAYS OFF? YES: ___ NO: ___

IF YES, GIVE DATE LAST WORKED: ___/___/_____

HAS THE EMPLOYEE RETUREND TO WORK? YES: ___ NO: ___ IF YES, GIVE DATE: ___/___/_____

DID THE INJURY/EXPOSURE RESULT IN DEATH? YES: ___ NO: ___ IF YES, GIVE DATE: ___/___/_____

NAME/ADDRESS OF NEAREST RELATIVE: _____

NAME/ADDRESS OF PHYSICIAN: _____

IF HOSPITALIZED, NAME/ADDRESS OF HOSPITAL: _____

I CERTIFY THAT THE INFORMATION GIVEN IN THIS FORM IS TRUE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I understand that it is a crime to knowingly provide false, incomplete or misleading information regarding this injury for the purpose of receiving benefits.

SIGNATURE OF INJURED EMPLOYEE: _____

IF EMPLOYEE IS UNABLE OR REFUSES TO SIGN, STATE REASON: _____

SUMNER COUNTY GOVERNMENT EMPLOYEE RIGHTS

1. As an employee of the Sumner County Government, it is your obligation to fill out the Sumner County Occupational Injury Report.
2. Before accepting any benefits or receiving treatment for any injury and/or exposure, you have the right to speak, at your own expense, with an attorney.
3. Sumner County has adopted the Occupational Compensation Plan of Sumner County (the "Plan"). The Plan is based upon a no-fault system of compensation and under the terms of the Plan, injured employees receive payment from the Sumner County Government of medical expenses as well as a percentage of your salary should a doctor determine you are unable to work. Any and all benefits paid to you under the Plan are paid pursuant to the terms and conditions described in the Plan.
4. As an employee, you have a choice. **If you accept the benefits and treatment offered under the Plan, the Plan shall act as your exclusive remedy. By accepting the benefits and treatment under the Plan, you hereby waive any and all rights to bring a lawsuit against the Sumner County Government for your injuries and/or exposure.**
5. If you decide to not accept the benefits offered under the Plan, you, or your insurance provider if you have one, will be responsible for payment of any and all medical treatment you receive with regards to your injury and/or exposure.
6. The Entire Plan can be seen on the Sumner County website at www.sumnertn.org then go to the Risk Management page.