AMERIND TRIBAL EMPLOYEE INJURY PROTECTION RISK POOL
EMPLOYEE INJURY REPORT
TO BE FILLED OUT BY EMPLOYER

Submit Report to: CLAIM ADMINISTRATOR
BERKLEY RISK ADMINISTRATORS COMPANY, LLC
PO BOX 59143
MINNEAPOLIS, MN 55459-0143
Tel. (866) 448-1761
Fax (612) 766-3099

Complete and return this report to the address shown at left within 24 hours of notice of injury.

EMPLOYER INFORMATION

Policy Number	Policy Period	Nature of Business (Tribal Government, Casino, Etc)
4444-00002	3/13/2010 to 3/13/2011	FED. RECOGNIZED TRIBE

Affiliate Name and Address	Contact Person
SHOSHONE-PAIUTE TRIBES OF THE DUCK VALLEY INDIAN RESERVATION PO BOX 219 OWYHEE NV 89832	Contact Phone No Contact Fax No

Name of Person Completing Report	Title of Person Completing Form	Signature of Person Completing Form	Date Completed

EMPLOYEE INFORMATION

Last Name	First	M.I.	Social Security Number	Sex	Birth Date

Home Address (Number & Street)	City	State	Zip Code	Phone No.

Employee's Job Title When Injured	Employee's Assigned Department

DESCRIPTION OF ACCIDENT

Date of Injury	Time of Injury	Last Day of Work After Injury	Date of Return to Work	Date Employer Notified of Injury

Address or Location of Accident	City	State	Zip Code	On Employer Premises?

Was Injury Fatal?	Nature of Injury (Scratch, Cut, Etc.)	Part of Body Injured

Emergency Room, Hospital or Medical Facility Treated by (Name, Address & Phone)	Attending Physician (Name)

How Did Accident Happen? What Was Employee Doing When Accident Occurred? (State All Details, Use Other Side if Needed)

If Validity of Claim Is Doubted, State Reason

EMPLOYEE'S WAGE DATA

Was Worker in Your Employ When Injured	Date of Last Hire	Hours Per Day Employee Worked From To	Number of Days Per Week:	Employee Usually Works

Employee's Wage $ Per ☐ Hour ☐ Day ☐ Week ☐ Month

Personal Time Off during the 26 calendar weeks preceding injury.	Gross Wages of Employee During 26 Weeks Preceding Injury; or if Employee Worked Less Than 26 Weeks, Gross Wages From Date of Hire through Day Prior to Injury From To $

This form does not guarantee payment of benefits