

IL FORM 45: EMPLOYER'S FIRST REPORT OF INJURY

2016-2017



COMMITMENT * EXPERTISE * STABILITY

FORM MUST BE SAVED BEFORE COMPLETING

CATHOLIC DIOCESE OF PEORIA, IL

Employer's FEIN	Date of Report			Is this a lost workday case?
				Yes No
Employer's name Doing			ng business as	
CATHOLIC DIOCESE OF PEORIA, IL				
Employer's complete mailing address			Employer's email a	ldress
Nature of business or service				SIC code
				8661
Name of workers' compensation carrier/admin. Policy/Contra			ct	Self-insured?
CMIC c/o CMG Agency Inc PO Box 342 Merrill, WI 54452-0342			0321045-07-910255	Yes No
Employee's full name		Social Securi	ty #	Date of Birth
Employee's mailing address				Employee's email address
Male / Female	e Married / Single		# Dependents	Employee's phone number
Male Female	Married Sir	ngle		
Job title or occupation			Date hired	Employees average weekly wage
	1			
Time employee began work	Date of Accident		Time of accident	Last day employee worked
If the employee died as a result of the accident, give the date of death Did the accident occur on				on the employer's premises?
			Yes No	
Address of accident				
What was the employee doing when the accident occurred?				
How did the accident occur?				
How did the accident occur?				
What was the injury or illness? List the part of body affected and explain how it was affected.				
What a biast or autoreas if any directly have	mod the employee?			
What object or substance, if any, directly har	med the employee?			
Name and address of physician/health care	nrofessional			
If treatment was given away from the worksil	te list the name and address of the plac	e it was diven		
in treatment was given away non the worksh	is, list the name and address of the place	c it was given.		
Was the employee treated in an emergency room? Was employee hospitalized overnight as an inpatient? Report prepared by				
				Report propulsed by
Yes No Yes Electronic signature Title Phot		No none #	E-mail address	
	1 IIIC			
By law, employers must keep accurate records	s of all work-related injuries and illness (excent for certs	ain minor injuries) Employer	s shall report to the Commission all injuries resulting in the loss of
more than three scheduled workdays. Filing th	his form does not affect liability under the	e Workers' Con	npensation Act and is not in	criminatory in any sense. This information is confidential. 2016-17