

# **NOTICE:**MASSACHUSETTS WORKERS COMPENSATION

This business operates under Massachusetts Workers Compensation Law.

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, OR AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR OR FOREMAN OF THE EMPLOYER.

**Workers Compensation insurance benefits are provided through:** 

BerkleyNet

#### To report a claim, contact us at:

Website: berkleynet.com

Email: claims@berkleynet.com

Address: 9301 Innovation Drive, Suite 200, Manassas, VA 20110

Phone: 877.497.2637 Fax: 866.275.6320

#### **FORM 101**



### The Commonwealth of Massachusetts **Department of Industrial Accidents – Department 101**

DIA USE ONLY

600 Washington Street - 7th Floor, Boston, Massachusetts 02111 Info. Line 800-323-3249 ext. 470 in Mass. Outside Mass. - 617-727-4900 ext. 470 http://www.mass.gov/dia

# FMPI OVER'S FIRST REPORT OF INITIRY

T	HIS FORM MUST BE FILED BY THE OR FIVE OR MORE CALENDAR INSTRUCTIONS AND CODES ON TO	OR HE <u>employ</u> DAYS OF TO	R FAT ER IN TH DTAL OF	'ALI HE EV R PAR	TY ENT OF A	CAPACITY	THAT RE	RNIN	G W	
— Е И	1. Employee's Name (Last, First, MI):		2. Home T	elephon	e Number:	3. Social Secur	rity Number*:	4. Sex		☐F
P L C	5. Home Address (No., Street, City, State & Zip Code):				5a. Native Language Code: 6. Marital Status: 7. Other: M S				of Dependents	
Y E E	8. Date of Hire (mm/dd/yyyy):	уу):		\$	Weekly Wage:	Esti	imated	Actual		
F	11. Employer's Name:					12. Federal T	Cax I.D. Numbe	er:		
M P	13. Employer's Address (No., Street, City, State				r's Telephone I					
L C						15. Industry	Code (See Rev	erse Sid	e):	
Y E	16. Workers' Compensation Insurance Carrier a	ENT/ADN	MINISTRATO	R): 17. W.C. Pol	icy Number:					
R	18. Self-Insured? Yes No		19. Business Type : Service Wholes				esale Mfg.			
	If Yes, Self-Insurer Number:		Retail Other							
I J S	20a. Insurer's Case/Claim File No.:									
	21. Was Employee Injured on Employer's Prem	22. Location of Injury if not on Employer's Premises:								
	23. FIRST day of Total or Partial Incapacity (mm/dd/yyyy):	24. FIFTH day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):								
Y	25. If Employee has Died, Date of Death (mm	26. Source of Injury (Chemicals, Machinery, etc.):								
I N F O R M A	27. Briefly Describe How Injury/Exposure Occu	nrred and Body Pa	art(s) involve	ed:						
	28. Person to Whom Injury was Reported (list p	29. Date Reported (mm/dd/yyyy):  30. Date Reported as work r (mm/dd/yyyy):				x related				
I O N	31. Injury Code(s) Body Part a. Body Part	32. Witness(es) to Injury - Give Full Name(s), if none state as such:								
	b. to body part b.									
	c. to body part c.									
	33. Has Employee Returned to Work? Ye	34. Date Employee Returned to Work(mm/dd/yyyy):								
	35. Employee's Regular Occupation:	36. Has Employee Returned to Regular Occupation: Yes No								
P R E	37. PREPARER'S Name (SEE INSTRUCTION	38. PREPARER'S Title:								
A R E	39. PREPARER'S Signature (SEE INSTRUCTI	E): 40. Date Prepared (mm/dd/yyyy): 40a. PREPARER'S e-mail address:					address:			

### EMPLOYER'S FIRST REPORT OF INJURY OR FATALITY FILING INSTRUCTIONS

- 1. WHEN TO FILE: File this form within 7 calendar days, not including Sundays and legal holidays, of receipt of notice of any injury alleged to have arisen out of and in the course of employment, which totally or partially incapacitates an employee for a period of 5 or more calendar days from earning wages. This form is not an admission of liability, but must be filed even though the Employer may believe that the Employee is not injured, or that the Employee is not entitled to benefits under M.G.L. Chapter 152.
- 2. WHERE TO FILE: This form should be mailed to the Department of Industrial Accidents at the address shown on the front of the form. Copies must also be provided to the Employee and to the Employer's Workers' Compensation insurer.
- 3. PENALTIES: Failure to report injuries on this form may result in a fine of \$100.00 in accordance with M.G.L. Chapter 152, Section 6.
- 4. EMPLOYER'S NAME & SIGNATURE IN BOXES 37 & 39: This form must be filed by the employer or an authorized agent/representative of the employer.

#### NATIVE LANGUAGE CODES

1 - English / 2 - Portuguese / 3 - Haitian Creole / 4 - Spanish / 5 - Chinese / 6 - Vietnamese / 7 - Cape Verdean / 9 - Other

INDUSTRY CODES								
Agriculture, Forestry and Fishing 01 Agriculture Production - Crops 02 Agriculture Production - Livestock 07 Agricultural Services 08 Forestry 09 Fishing, Hunting and Trapping Mining 10 Metal Mining 12 Coal Mining	28 Chemicals and Allied Products 29 Petroleum and Coal Products 30 Rubber and Misc. Plastic Products 31 Leather and Leather Products 32 Stone, Clay and Glass Products 33 Primary Metal Industries 34 Fabricated Metal Products 35 Industrial Machinery and Equipment 36 Electronic and Other Electrical Equipment 37 Transportation Equipment	51 Wholesale Trade - Non-durable Goods  Retail Trade 52 Building Materials and Garden Supplies 53 General Merchandizing 54 Food Stores 55 Automotive Dealers and Service Stations 56 Apparel and Accessory Stores 57 Furniture and Home Furnishing Stores 58 Eating and Drinking Establishments	78 Motion Pictures 79 Amusements and Recreation Services 80 Health Services 81 Legal Services 82 Educational Services 83 Social Services 84 Museums, Botanical, Zoological Gardens 86 Membership Organizations 87 Engineering and Management Services 88 Private Households					
13 Oil and Natural Gas 14 Nonmetallic Minerals, Except Fuels	38 Instruments and Related Products 39 Miscellaneous Manufacturing Industries	59 Miscellaneous Retail	89 Services, NEC					
Construction 15 General Building Contractors 16 Heavy Construction, Ex. Building 17 Special Trade Contractors  Manufacturing 20 Food and Kindred Products 21 Tobacco Products 22 Textile Mill Products 23 Apparel and Other Textile Products	Transportation and Public Utilities 40 Railroad Transportation 41 Local and Interurban Passenger Transit 42 Trucking and Warehousing 43 U.S. Postal Service 44 Water Transportation 45 Transportation by Air 46 Pipelines, Except Natural Gas 47 Transportation Services	Finance, Insurance and Real Estate 60 Depository Institutions 61 Non-depository Institutions 62 Security and Commodity Brokers 63 Insurance Carriers 64 Insurance Agents, Brokers and Service 65 Real Estate 67 Holding and Other Investment Officers Services	Public Administration 91 Executive, Legislative and Garden 92 Justice, Public Order, and Safety 93 Finance, Taxation, and Monetary Benefits 94 Administration of Human Services 95 Environmental Quality and Housing 96 Administration of Economic Program 97 National Security and International Affairs Non-classifiable Establishments					
24 Lumber and Wood Products 24 Lumber and Wood Products 25 Furniture and Fixtures 26 Paper and Allied Products 27 Printing and Publishing	48 Communications 49 Electric, Gas and Sanitary Services  Wholesale Trade 50 Wholesale Trade - Durable Goods	70 Hotels and Other Lodging Places 72 Personal Services 73 Business Services 75 Auto Repair Services and Parking 76 Miscellaneous Repair Services	99 Non-classifiable Establishments					
NATURE OF INJURY OR ILLNESS CODES								

100 Amputation or Erucloation   157 Tuberculosis   281 Aluminosis   282 Anthracosis   265 Carpal Tunnel Syndrome   282 Anthracosis   265 Carpal Tunnel Syndrome   283 Asbestosis   265 Carpal Tunnel Syndrome   284 Asbestosis   285 Cardiovascular and Other Conditions   286 Carpal Tunnel Syndrome   287 Asbestosis   288 Asbestosis   288 Asbestosis   288 Asbestosis   289 Cardiovascular and Other Conditions   288 Carpal Tunnel Syndrome   289 Carpal Tunnel Syndromic   289	NATURE OF INJURY OR ILLNESS CODES								
120 Burns (Heat)   Dermatitis   283 Asbestosis   284 Byssinosis   284 Byssinosis   285 Siderosis   285 Siderosis   285 Siderosis   286 Silicosis   286 Silicosis   286 Silicosis   287 Other Pneumoconioses   288 Dermatitis, UNS*   288 Byssinosis   288 Siderosis   289 Demmoconiosis and Tuberculosis   289 Demmoconiosis and Tuberculosis   280 Effects of Environmental Heat   280 Defective Shock, Electrocution   280 Description	100 Amputation or Erucloation	157 Tuberculosis	281 Aluminosis	<u>Other</u>					
130 Burns (Chemical) 180 Dermatitis, UNS* 284 Byssinosis of the Circulatory System 140 Concussion 185 Primary Infections of the Skin 285 Siderosis 520 Complications Peculiar to Medical Care 160 Contusion, Crushing, Bruise 184 Other Skin Conditions 185 Dermatitis, Allergenic or Contact 180 Dislocation 181 Primary Infections 182 Other Skin 285 Siderosis 286 Silicosis 287 Other Pneumoconioses 287 Other Pneumoconioses 287 Other Pneumoconioses 289 Pneumoconiosis and Tuberculosis 280 Effects of Exposure to Low Temperature 280 Electric Shock, Electrocution 280 Electric Shock, Electrocution 280 Electric Shock, Electrocution 280 Fressure 280 Pneumoconiosis and Tuberculosis 280 Effects of Exposure to Low Temperature 280 Effects of Exposure to Low Temperature 280 Effects of Exposure to Low Temperature 280 Pneumoconiosis and Tuberculosis 281 Effects of Exposure to Low Temperature 281 Effects of Exposure to Low Temperature 282 Pneumoconiosis and Tuberculosis 283 Universence 284 Pneumoconiosis and Tuberculosis 285 Siderosis 286 Silicosis 287 Other Pneumoconioses 288 Pneumoconiosis and Tuberculosis 289 Pneumoconiosis and Tuberculosis 280 Pneumoconiosis and Tuberculosis 280 Pneumoconiosis and Tuberculosis 280 Pneumoconiosis and Tuberculosis 280 Effects of Exposure to Low Temperature 280 Effects of Exposure to Low Temperature 280 Effects of Exposure to Low Temperature 280 Pneumoconioses	110 Asphyxia or Strangulation Etc.	159 Other Infective or Parasitic Diseases	282 Anthracosis	265 Carpal Tunnel Syndrome					
140 Concussion 183 Primary Infections of the Skin 285 Siderosis 520 Complications Peculiar to Medical Care 160 Contusion, Crushing, Bruise 184 Other Skin Conditions 286 Silicosis 500 Effects of Changes in Atmospheric 170 Cut, Laceration, Puncture 185 Dermatitis, Allergenic or Contact 287 Other Pneumoconioses 189 Skin Condition, NEC** 289 Pneumoconiosis and Tuberculosis Nervous System. 240 Effects of Exposure to Low Temperature 210 Fracture 270 Poisoning Systemic Nervous System, Conditions of 220 Effects of Exposure to Low Temperature 210 Fracture 271 Due to Toxic Materials other than Lead 300 Scratches, Abrasions 272 Diseases of the Blood and Blood Forming 300 Scratches, Abrasions 310 Sprains, Strains 310 Sprains, Strains 311 Sprains, Strains 312 Organs 313 Hepatitis, Sterum and Infective 370 Upper Respiratory Conditions 310 Sprains, Strains 310 Sprains, Strains 310 Sprains, Strains 311 Influenza, Pneumonia, Etc. 312 Upper Respiratory Conditions 313 Hepatitis, Serum and Infective 314 Mental Disorders 315 Malignant 315 Mental Disorders 315 Malignant 316 Mental Disorders 315 Malignant 316 Mental Disorders 316 Mental Disorders 316 Mental Disorders 317 Upper Respiratory Systems, Conditions of 318 Respiratory Systems, Conditions of 319 Respiratory Systems, Conditions of 310 Respiratory Systems, Conditions of 310 Sprains 310 Respiratory Systems, Conditions of 310 Sprains 310 Repatitis, Allergenic or Contact 328 Other Injury, NEC** 329 Rediation Effects 329 Rediation 320 Hemorrhoids 320 Hemorrhoids 320 Hemorrhoids 321 Hemorrhoids 322 Hemorrhoids 323 Hepatitis, Serum and Infective 324 Mental Disorders 324 Mental Disorders 324 Hemorrhoids 325 Hemorrhoids 326 Effects of Exposure to Low Temperature 326 Effects of Exposure to Low Temperature 326 Effects of Exposure to Low Temperature 320 Effects of Exposure to L	120 Burns (Heat)	<u>Dermatitis</u>	283 Asbestosis	510 Cardiovascular and Other Conditions					
160 Contusion, Crushing, Bruise 170 Cut, Laceration, Puncture 185 Dermatitis, Allergenic or Contact 186 Dermatitis, Allergenic or Contact 187 Other Pneumoconioses 188 Other Skin Condition, NEC** 189 Pneumoconiosis and Tuberculosis 270 Electric Shock, Electrocution 289 Pneumoconiosis and Tuberculosis 270 Electric Shock, Electrocution 270 Poisoning Systemic 270 Poisoning, Systemic, UNS* 270 Poisoning, Systemic, UNS* 271 Due to Toxic Materials other than Lead 272 Diseases of the Blood and Blood Forming 273 Upper Respiratory Conditions 274 Influenza, Pneumonia, Etc. 275 Other Diseases of the Gastro-Intestinal 276 Damage to Prosthetic Devices 277 Other Pneumoconioses 278 Pneumoconiosis and Tuberculosis 279 Pneumoconiosis and Tuberculosis 270 Pressure 270 Poisoning Systemic 271 Due to Toxic Materials other than Lead 271 Due to Toxic Materials other than Lead 272 Diseases of the Eye 273 Upper Respiratory Conditions 274 Influenza, Pneumonia, Etc. 275 Damage to Prosthetic Devices 276 Other Diseases of the Gastro-Intestinal 277 Influenza, Pneumonia, Etc. 278 Pneumoconioses 279 Pneumoconioses 270 Pressure 270 Poisoning Systems 270 Due to Toxic Edication 270 Prespiratory Systems 271 Influenza, Pneumonia, Etc. 272 Diseases of the Nerves and Peripheral 273 Upper Respiratory Conditions 274 Influenza, Pneumonia, Etc. 275 Hopatitis, Serum and Infective 276 Other Diseases of the Gastro-Intestinal 277 Hopatitis, Toxic 278 Other Pneumoconioses 277 Other Diseases of the Serving Pneumor 278 Heart Conditions, Excludes Heart Attack 279 Other Diseases of the Nerves and Peripheral 280 Hemorrhoids 291 Heart Condition, Excludes Heart Attack 292 Diseases of the Nerves and Peripheral 293 Hemorrhoids 294 Hemorrhoids 295 No-Other Injury, NEC** 295 No-Classifiable 296 Inflammation of Joints, Etc. 297 Other Toxic Effects of One System Only 298 Radiation Effects 299 Non-classifiable 290 No-classifiable 291 Non-lonizing Radiatio	130 Burns (Chemical)	180 Dermatitis, UNS*	284 Byssinosis	of the Circulatory System					
170 Cut, Laceration, Puncture   185 Dermatitis, Allergenic or Contact   287 Other Pneumoconioses   Pressure     190 Dislocation   189 Skin Condition, NEC**   289 Pneumoconiosis and Tuberculosis   240 Effects of Exposure to Low Temperature     210 Fracture   270 Poisoning, Systemic, UNS*   560 Nervous System, Conditions of   189 Skin Conditions of     210 Fracture   270 Poisoning, Systemic, UNS*   560 Nervous System, Conditions of   189 Skin Conditions of     210 Fracture   271 Due to Toxic Materials other than Lead   561 Diseases of the Central Nervous     300 Scratches, Abrasions   272 Diseases of the Blood and Blood Forming   300 Systems, Strains   07gans   562 Diseases of the Nerves and Peripheral     400 Multiple Injuries   273 Upper Respiratory Conditions   630 System   189 System	140 Concussion	183 Primary Infections of the Skin	285 Siderosis	520 Complications Peculiar to Medical Care					
190 Dislocation 189 Skin Condition, NEC** 200 Electric Shock, Electrocution 2010 Fracture 210 Fracture 270 Poisoning Systemic 271 Due to Toxic Materials other than Lead 300 Scratches, Abrasions 310 Sprains, Strains 310 Sprains, Strains 310 Multiple Injuries 310 No Injury 311 Due respiratory Conditions 312 Tract 313 Dypar Respiratory Conditions 314 Other Injury, NEC** 315 Damage to Prosthetic Devices 316 Diseases of the Gastro-Intestinal 317 Tract 318 Effects of Exposure to Low Temperature 319 Effects of Exposure to Low Temperature 320 Effects of Exposure to Low Temperature 321 Heart Conditions of - NEC** 323 Uper Diseases of the Eye 324 Heart Condition, Excludes Heart Attack 325 Diseases of the Nerves and Peripheral 326 Diseases of the Peripheral 327 Hemorrhoids 328 Pneumoconiosis and Tuberculosis Nervous System, Conditions of - NEC** 329 Effects of Exposure to Low Temperature 320 Effects of Exposure to Low Temperature 320 Effects of Exposure to Low Temperature 320 Effects of Exposure to Low Temperature 321 Heart Condition, Excludes Heart Attack 329 Heart Condition, Excludes Heart Attack 320 Hemorrhoids 321 Hemorrhoids 322 Hemorrhoids 323 Heparities, Serum and Infective 324 Heart Condition, Excludes Heart Attack 325 Hemorrhoids 326 Hemorrhoids 327 Heart Condition, Excludes Heart Attack 327 Heart Condition, Excludes Heart Attack 328 Pneumoconiosis and Tuberculosis 340 Effects of Exposure to Low Temperature 340 Heart Conditions of 10 Diseases of the Central Nervous 340 Heart Conditions of 10 Diseases of the Central Nervous 340 Heart Conditions of 10 Diseases of the Central Nervous 340 Heart	160 Contusion, Crushing, Bruise	184 Other Skin Conditions	286 Silicosis	500 Effects of Changes in Atmospheric					
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210 Fracture 270 Poisoning, Systemic, UNS* 560 Nervous System, Conditions of - NEC** 530 Eye, other Diseases of the Eye 250 Hernia, Rupture 271 Due to Toxic Materials other than Lead 300 Scratches, Abrasions 272 Diseases of the Blood and Blood Forming 310 Syrains, Strains Organs 562 Diseases of the Nerves and Peripheral 320 Hemorrhoids 320 Hemorrhoids 320 Hemorrhoids 320 Hemorrhoids 320 Hopen Tumor 3275 Hepatitis, Foxic 3276 Units, Poundinia, Etc. Neoplasm Tumor 275 Hepatitis, Toxic 3276 Other Diseases of the Gastro-Intestinal 3278 Morellamantion of Joints, Etc. 3278 Other Diseases of the Gastro-Intestinal 320 Hemorrhoids 320 Hemo	190 Dislocation	189 Skin Condition, NEC**	289 Pneumoconiosis and Tuberculosis	240 Effects of Environmental Heat					
250 Hernia, Rupture 271 Due to Toxic Materials other than Lead 300 Scratches, Abrasions 272 Diseases of the Blood and Blood Forming 310 Sprains, Strains 0rgans 273 Upper Respiratory Conditions 400 Multiple Injuries 273 Upper Respiratory Conditions 274 Influenza, Pneumonia, Etc. 275 Uniquenza, Pneumonia, Etc. 375 Damage to Prosthetic Devices 276 Other Diseases of the Gastro-Intestinal 275 Meplasm Tumor 275 Hepatitis, Toxic 275 Hepatitis, Toxic 275 Uniquenza, Pneumonia, Etc. 375 Meplasm Tumor 275 Hepatitis, Toxic 375 Meplasm Tumor 275 Hepatitis, Toxic 375 Meplasm Tumor 275 Hepatitis, Toxic 375 Meplasm Tumor 375 Meplasm	200 Electric Shock, Electrocution	Poisoning Systemic	Nervous System, Conditions of	220 Effects of Exposure to Low Temperature					
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310 Sprains, Strains Organs 562 Diseases of the Nerves and Peripheral 400 Multiple Injuries 273 Upper Respiratory Conditions 900 No Injury 274 Influenza, Pneumonia, Etc. Neoplasm Tumor 275 Hepatitis, Serum and Infective 276 Other Diseases of the Gastro-Intestinal 276 Other Injury, NEC** 277 Tract 278 Effects of Lead 279 Non-classifiable 278 Effects of Lead 279 Other Toxic Effects of One System Only 279 Infective or Parasitic Disease 279 Other Toxic Effects of One System Only 270 Respiratory Systems, Conditions of 270 Respiratory Systems, Conditions of 271 Non-Ionizing Radiation 272 Radiation 273 Radiation 274 Hepatitis, Serum and Infective 275 Hepatitis, Serum and Infective 275 Hepatitis, Serum and Infective 275 Hepatitis, Serum and Infective 276 Ohen Tumor, UNS* 276 Mental Disorders 277 Mental Disorders 278 Malignant 279 Non-classifiable 279 One-classifiable 279 One-classifiable 279 One-classifiable 279 Respiratory Systems, Conditions of 270 Respiratory Systems, Conditions of 270 Respiratory Systems, Conditions of 270 Non-Ionizing Radiation	250 Hernia, Rupture	271 Due to Toxic Materials other than Lead	561 Diseases of the Central Nervous	230 Hearing Loss or Impairment					
400 Multiple Injuries 273 Upper Respiratory Conditions Ganglia 330 Hepatitis, Serum and Infective 900 No Injury 274 Influenza, Pneumonia, Etc. Neoplasm Tumor 275 Hepatitis, Toxic 276 Other Diseases of the Gastro-Intestinal 550 Neoplasm Tumor, UNS* 260 Inflammation of Joints, Etc. 995 No Other Injury, NEC** Tract 551 Malignant 540 Mental Disorders 999 Non-classifiable 278 Effects of Lead 552 Benign 900 No Illness Infective or Parasitic Disease 279 Other Toxic Effects of One System Only Respiratory Systems, Conditions of 290 Radiation Effects, UNS* 990 Occupational Disease, NEC** 151 Amebiasis 570 Respiratory Systems, Conditions of 291 Non-Ionizzing Radiation 580 Symptoms and Ill-defined Conditions	300 Scratches, Abrasions	272 Diseases of the Blood and Blood Forming	System	991 Heart Condition ,Excludes Heart Attack					
900 No Injury 274 Influenza, Pneumonia, Etc. Neoplasm Tumor 275 Hepatitis, Toxic 950 Damage to Prosthetic Devices 276 Other Diseases of the Gastro-Intestinal 550 Neoplasm Tumor, UNS* 260 Inflammation of Joints, Etc. 950 Norder Injury, NEC** Tract 551 Malignant 540 Mental Disorders 999 Non-classifiable 278 Effects of Lead 552 Benign 900 Norders 990 Non-classifiable 279 Other Toxic Effects of One System Only Registrator Systems, Conditions of 290 Radiation Effects 999 Non-classifiable 990 Occupational Disease, NEC** 151 Amebiasis 570 Respiratory Systems, Conditions of 291 Non-Ionizing Radiation 580 Symptoms and Ill-defined Conditions	310 Sprains, Strains	Organs	562 Diseases of the Nerves and Peripheral	320 Hemorrhoids					
950 Damage to Prosthetic Devices 276 Other Diseases of the Gastro-Intestinal 950 Neoplasm Tumor, UNS* 260 Inflammation of Joints, Etc. 955 No Other Injury, NEC** Tract 551 Malignant 540 Mental Disorders 999 Non-classifiable 278 Effects of Lead 552 Benign 900 No Illness 160 Infective or Parasitic Disease 279 Other Toxic Effects of One System Only 170 Respiratory Systems, Conditions of 290 Radiation Effects, UNS* 990 Occupational Disease, NEC** 151 Amebiasis 570 Respiratory Systems, Conditions of 291 Non-Ionizing Radiation 580 Symptoms and Ill-defined Conditions	400 Multiple Injuries	273 Upper Respiratory Conditions	Ganglia	330 Hepatitis, Serum and Infective					
995 No Other Injury, NEC** Tract 551 Malignant 540 Mental Disorders 999 Non-classifiable 278 Effects of Lead 552 Benign 900 No Illness Infective or Parasitic Disease 150 Infective or Parasitic Disease, UNS* Respiratory Systems, Conditions of 151 Amebiasis 570 Respiratory Systems, Conditions of 291 Non-Ionizing Radiation 540 Mental Disorders 990 No Illness 999 Non-classifiable 278 General Systems, Conditions of 290 Radiation Effects, UNS* 990 Occupational Disease, NEC** 151 Amebiasis 570 Respiratory Systems, Conditions of 291 Non-Ionizing Radiation 580 Symptoms and Ill-defined Conditions	900 No Injury	274 Influenza, Pneumonia, Etc.	Neoplasm Tumor	275 Hepatitis, Toxic					
999 Non-classifiable 278 Effects of Lead 552 Benign 900 No Illness Infective or Parasitic Disease 279 Other Toxic Effects of One System Only 150 Infective or Parasitic Disease, UNS* Respiratory Systems, Conditions of 291 Non-Ionizing Radiation Effects, UNS* 990 Occupational Disease, NEC**  151 Amebiasis 570 Respiratory Systems, Conditions of 291 Non-Ionizing Radiation 580 Symptoms and Ill-defined Conditions	950 Damage to Prosthetic Devices	276 Other Diseases of the Gastro-Intestinal	550 Neoplasm Tumor, UNS*	260 Inflammation of Joints, Etc.					
Infective or Parasitic Disease 279 Other Toxic Effects of One System Only 150 Infective or Parasitic Disease, UNS* 151 Amebiasis 279 Other Toxic Effects of One System Only 150 Infective or Parasitic Disease, UNS* 151 Amebiasis 279 Respiratory Systems, Conditions of 279 Non-Ionizing Radiation 279 Non-Ionizing Radiation 279 Symptoms and Ill-defined Conditions 279 Non-Ionizing Radiation 279 Symptoms and Ill-defined Conditions 279 Non-Ionizing Radiation 279 Symptoms and Ill-defined Conditions 279 Non-Ionizing Radiation 279 Non-Ioniz	995 No Other Injury, NEC**	Tract	551 Malignant	540 Mental Disorders					
150 Infective or Parasitic Disease, UNS* Respiratory Systems, Conditions of 151 Amebiasis 290 Radiation Effects, UNS* 990 Occupational Disease, NEC** 151 Amebiasis 570 Respiratory Systems, Conditions of 291 Non-Ionizing Radiation 580 Symptoms and Ill-defined Conditions	999 Non-classifiable	278 Effects of Lead	552 Benign	900 No Illness					
151 Amebiasis 570 Respiratory Systems, Conditions of 291 Non-Ionizing Radiation 580 Symptoms and Ill-defined Conditions	Infective or Parasitic Disease	279 Other Toxic Effects of One System Only	Radiation Effects	999 Non-classifiable					
	150 Infective or Parasitic Disease, UNS*	Respiratory Systems, Conditions of	290 Radiation Effects, UNS*	990 Occupational Disease, NEC**					
152 Anthroy 571 Upper Pospiratory 202 Microwayas	151 Amebiasis	570 Respiratory Systems, Conditions of	291 Non-Ionizing Radiation	580 Symptoms and Ill-defined Conditions					
	152 Anthrax	571 Upper Respiratory	292 Microwaves						
153 Brucellosis 572 Asthma, Influenza, Pneumonia 293 Ionizing Radiation - X-Ray									
154 Conjunctivitis and Opthalmia Pneumoconiosis 294 Ionizing Radiation - Isotopes									
156 Tetanus 280 Pneumoconiosis 295 Welder's Flash	156 Tetanus	280 Pneumoconiosis	295 Welder's Flash						

156 Tetanus	280 Pneumoconiosis	295 Welder's Flash						
BODY PART AFFECTED CODES								
<u>Head</u>	160 Skull	398 Upper Extremities, Multiple	513 Knee(s)					
100 Head, UNS*	198 Head Multiple	400 Trunk, UNS*	515 Lower Leg(s)					
110 Brain	200 Neck & Cervical Vertebrae	410 Abdomen, Internal Organs,	518 Leg(s), Multiple					
120 Ear(s), UNS*	UPPER EXTREMITIES	Inguinal Hernia	519 Leg(s), NEC**					
121 Ear(s), External	300 Upper Extremities, NEC**	420 Back	520 Ankle(s)					
124 Ear(s), Internal	310 Arm(s), UNS*	430 Chest, Ribs, Breastbone,	530 Foot or Feet, Not Ankle					
130 Eye(s), UNS*	311 Upper Arm	Internal Organs	540 Toe(s)					
140 Face, UNS*	313 Elbow(s)	440 Hip(s),Pelvis, Organs and	598 Lower Extremities, Multiple					
141 Jaw, Chin	315 Forearm(s)	Buttocks	700 MULTIPLE PARTS					
144 Mouth and Throat (vocal chords, larynx)	318 Arm(s), Multiple	450 Shoulder(s)	Applies when more than one major body part					
146 Nose	319 Arm(s), NEC**	498 Trunk, Multiple	as been effected such as an arm and a leg					
148 Face, Multiple Parts	320 Wrist(s)	LOWER EXTREMITIES	999 NON-CLASSIFIABLE - Insufficient infor-					
149 Face, NEC**	330 Hand(s), Not Wrists or Fingers	500 Lower Extremities	mation to identify part of body effected. In-					
150 Scalp	340 Finger(s)	510 Leg(s), UNS*	cludes damage to prosthetic devises.					

### **FORM 127**

#### The Commonwealth of Massachusetts Department of Industrial Accidents

DIA USE ONLY



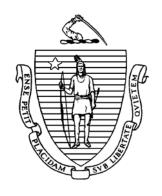
600 Washington Street – 7th Floor, Boston, Massachusetts 02111 Info. Line 800 323-3249 ext. 470 in Mass. Outside Mass. - 617-727-4900 ext. 470 http://www.mass.gov/dia

### **AVERAGE WEEKLY WAGE COMPUTATION SCHEDULE**

1. Employer's Name and Address:							2. Insurer's	2. Insurer's Case File #:						
								3. DIA Bo	ard # (if kı	nown):				
Employ	ee's Name	and Add	lress:			5.#				ldren:				
								6. # of oth	er depende	ents:				
				1										
Date of	Injury (m	m/dd/yyy	y):	8. Dat	te of Disability (mm/dd/yyyy):			9. Date of	9. Date of Employment (mm/dd/yyyy):					
Has en	nployee be	en certifi	ed by U.S. V	eterans	Administr	ration for a	any type of	f disability?	Yes	No				
ate or	nly those	wages e	earned by t	the inj	ured wor	ker duri	ng the 52	2 week period in	nmediate	ely preced	ding the	accident. If the		
oyee l	has work	ked for	less than :	52 wee	eks, repo	rt wages	from th		and, for	the ren	naining v	weeks on this so		
11.	Year:					Year:				Year:				
Week	Week Er	nding	Gross Am Before Ta		Week	Week E	nding	Gross Amount Before Taxes	Week	Week Ending		Gross Amount Before Taxes		
No.	Month	Before 1			No.	Month	Day	Berore Tunes	No.	Month	Day			
1					19				37					
2					20				38					
3					21				39					
4					22				40					
5					23				41					
6					24				42					
7					25				43					
8					26				44					
9					27				45					
10					28				46					
11					29				47					
12					30				48					
13					31				49					
14					32				50					
15					33				51					
16					34				52					
17					35					To	tal:			
18					36									
2. Was		rnished t No	to the empl	oyee?	13. If t	ips or oth	er benefi	ts were earned, d	escribe a	nd state v	alue per	week:		
		PY OF TH	E PAYROLL	RECOR	D OF THE	ABOVE NA	AMED EMP	LOYEE OR FELLO	W EMPLOY	EE IN THE	SAME CL	ASS OF EMPLOYER		
<u></u>	TRUE CO			14. Name of Fellow Employee (if applicable):				15. Employer/Preparer Signature:				16. Date Signed (mm/dd/yyyy):		

Comments:

## NOTICE TO EMPLOYEES



## NOTICE TO EMPLOYEES

### The Commonwealth of Massachusetts

### DEPARTMENT OF INDUSTRIAL ACCIDENTS

1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017 617-727-4900 - http://www.state.ma.us/dia

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

NAM						
ADDR						
POLICY NUMBER		EFFECTIVE DATES				
NAME OF INSURANCE AGENT	ADDRESS	PHONE #				
EMPLOYER	ADDRESS					
EMPLOYER'S WORKERS' COMPEN	DATE					

### MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

\_\_\_\_\_

NAME OF HOSPITAL

**ADDRESS** 

### AVISO PARA EMPLEADOS



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# The Commonwealth of Massachusetts DEPARTMENT OF INDUSTRIAL ACCIDENTS

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De acuerdo con lo dispuesto por los artículos 21, 22 y 30 del capítulo 152 de las Leyes Generales de Massachussets, por el presente notificamos que hemos previsto el pago a nuestros empleados lesionados, conforme al capítulo antes mencionado, mediante un seguro con:

NOMBRE DE LA COMPAÑÍA DE SEGURO							
DOMICILIO DE I	A COMPAÑÍA DE SEGURO	)					
NÚMERO DE PÓLIZA	FECHAS DE	VIGENCIA					
NOMBRE DEL AGENTE DE SEGUROS	DOMICILIO	TELÉFONO					
EMPLEADOR	DOMICILIO						
FUNCIONARIO DEL EMPLEADOR PARA A	CCIDENTES DE TRABAJO	(SI HUBIERA) FECHA					

### TRATAMIENTO MÉDICO

En caso de lesiones personales ocurridas a raíz del trabajo o durante el trabajo, la aseguradora cuyo nombre aparece arriba debe prestar servicios médicos y hospitalarios adecuados razonables de acuerdo con lo dispuesto por la Ley de Accidentes de Trabajo. El empleado lesionado debe recibir una copia del Primer Informe de Lesión. El empleado puede elegir su propio médico. El costo razonable de los servicios prestados por el médico que asista en el caso será abonado por la aseguradora, siempre que el tratamiento sea necesario y esté razonablemente relacionado con la lesión ocupacional. En caso de que se necesite atención hospitalaria, por la presente se notifica a los empleados que la aseguradora ha dispuesto que esa atención sea prestada en:

\_\_\_\_\_

NOMBRE DEL HOSPITAL

**DOMICILIO** 

ANUNCIO PUBLICADO POR EL EMPLEADOR