



Report Only

Use this form to report an incident that requires only common first aid treatment at the time of the injury.

Please complete and return to LWP Claims Solutions, Inc.
by fax: (408) 725-0395 or e-mail foi@lwpclaims.com

Employer: _____

Employee Name

Social Security #

Address

City, State, Zip

Date of birth

Wages

Date of hire

Date of injury

Department

Occupation

Cause

Site

Nature

Agency

Description of Accident:

