

**South Dakota Employer's First Report of Injury  
(See Instructions on Back of Form)**

|   |                                                                                                                                                                                          |                                                                                           |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| E | SSN: _____ Date of Birth: _____ Gender: M <input type="checkbox"/> F <input type="checkbox"/> # Dependents: _____                                                                        | Education: _____                                                                          |
| M | Name: _____                                                                                                                                                                              | <input type="checkbox"/> Less than High School                                            |
| P | (Last) (First) (Middle Initial)                                                                                                                                                          | <input type="checkbox"/> GED or High School                                               |
| L | Mailing Address: _____                                                                                                                                                                   | <input type="checkbox"/> Beyond High School                                               |
| C | City: _____ State: SD ZIP: _____ Telephone No: ( ) - _____                                                                                                                               |                                                                                           |
| T | Employee Signature: _____ (X) _____ Date: _____                                                                                                                                          |                                                                                           |
| E |                                                                                                                                                                                          |                                                                                           |
| I | Date of Injury: _____ Time of Injury: _____ <input type="checkbox"/> am <input type="checkbox"/> pm Fatality Date: (if applicable) _____                                                 | (See Codes on Reverse)                                                                    |
| N | County Where Injury Occurred: _____ Was Safety Equipment Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>                                                              | _____ Body Part Injured                                                                   |
| J | Time Work Day Began on Date of Injury: _____ <input type="checkbox"/> am <input type="checkbox"/> pm Was Safety Equipment Used? Yes <input type="checkbox"/> No <input type="checkbox"/> | (If code 90, Multiple Injury, please specify body part codes for each body part injured.) |
| U | Date Returned to Work (if applicable): _____ Did Injury Occur on Employer Premises? Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | _____                                                                                     |
| R | Address or Location of Injury: _____                                                                                                                                                     | _____                                                                                     |
| Y | Description of Injury: _____                                                                                                                                                             | _____                                                                                     |
| J | Date Employer Notified of Injury: _____                                                                                                                                                  | _____ Nature of Injury                                                                    |
| T |                                                                                                                                                                                          | _____ Cause of Injury                                                                     |
| R | Injury Reported To: _____ Witness: _____                                                                                                                                                 |                                                                                           |
| E |                                                                                                                                                                                          |                                                                                           |
| A | Type of Treatment (please circle one)                                                                                                                                                    | If treatment sought, please specify provider of treatment:                                |
| T | <input type="checkbox"/> No Treatment                                                                                                                                                    | Doctor, Clinic or Hospital Name: _____                                                    |
| M | <input type="checkbox"/> On-Site Treatment                                                                                                                                               | Mailing Address: _____                                                                    |
| E | <input type="checkbox"/> Clinic                                                                                                                                                          | City: _____ State: _____ ZIP: _____                                                       |
| N | <input type="checkbox"/> Emergency Room                                                                                                                                                  | Telephone No: ( ) - _____                                                                 |
| T | <input type="checkbox"/> Hospitalization                                                                                                                                                 |                                                                                           |

## EMPLOYER/EMPLOYMENT INFORMATION

Federal ID No: \_\_\_\_\_ # Employees: \_\_\_\_\_

Employer Name (DBA): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone No: ( ) - \_\_\_\_\_ County Where Employer is Located: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employment Type: ☐ Regular or ☐ Temporary

Emp. Status: ☐ FT ☐ PT ☐ Seasonal ☐ Volunteer

Date Employee Hired: \_\_\_\_\_

Employee's Position: \_\_\_\_\_

Employee's Time in Current Position: \_\_\_\_\_

Employee's Hour Per Week: \_\_\_\_\_

Employee's Current Wage: \_\_\_\_\_ per \_\_\_\_\_

**CLAIM OFFICE INFORMATION**

|                                                        |             |                       |                    |
|--------------------------------------------------------|-------------|-----------------------|--------------------|
| NAICS for Employer Being Insured (Nature of Business): |             |                       |                    |
| Carrier Code:                                          | 15277       | FEIN (Claims Office): | 41-0438823         |
| Claims Office: Western National Insurance Company      |             |                       |                    |
| Claims Office Address: P.O. Box 1443                   |             |                       |                    |
| City:                                                  | Minneapolis | State:                | MN ZIP: 55445-1443 |
| Telephone No: (612) 835-5358                           |             |                       |                    |
| E-mail Address:                                        |             |                       |                    |
| Claims Office Claim #:                                 |             |                       |                    |
| Date Notified:                                         |             |                       |                    |

23. Check if Claim Office is same as Insurance Provider

If more, you should consider the following:

## UNIVERSITY OF CALIFORNIA, BERKELEY

Carrier Code (if applicable) \_\_\_\_\_ FEIN (Insurance Provider) \_\_\_\_\_

Represented Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

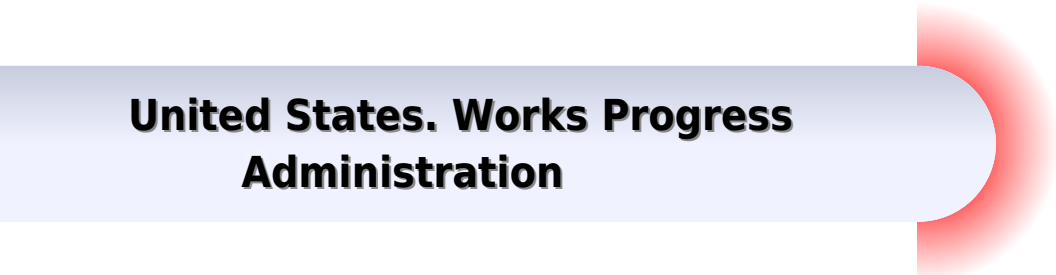
Policy No.: \_\_\_\_\_

Effective Dates: \_\_\_\_\_

Adjuster / Contact Person: \_\_\_\_\_

# Sd First Report Of Injury

**United States. Works Progress  
Administration**



## **Sd First Report Of Injury:**

Independent Medical Evaluation Douglas W. Martin, 2018-02-02 This comprehensive book thoroughly addresses every aspect of Independent Medical Evaluations an important part of many medical specialty disciplines where forensic opinions are needed by patients physicians insurers and attorneys Independent Medical Evaluation A Practical Guide begins by defining the IME product and the IME evaluator themselves explaining the medicolegal systems and providing guidance towards establishing these professional services Following this the book describes how to best use medical records and best practices for taking an IME history and conducting an examination The final few chapters cover developing an IME report the common challenges and pitfalls encountered with strategies and pearls shared to illustrate how to avoid them Structured in a concise practical format this essential guide includes a large selection of sample models and templates for additional teaching purposes The first of its kind Independent Medical Evaluation A Practical Guide is a unique and ideal reference text for any physician working with IME s from the physician conducting their first exam to the experienced physician alike

Inventory of Federal Archives in the States Historical Records Survey (U.S.), 1941      **Inventory of Federal Archives in the States: pt.1-2. Works Progress Administration** United States. Works Progress Administration, 1941      *South Dakota Labor Bulletin* , 1994      Research Report of the Interdepartmental Workers' Compensation Task Force United States. Interdepartmental Workers' Compensation Task Force, 1979

**First Report of the State Fish Commissioners of Iowa** Iowa. Fish Commission, 1908      **Current Therapy of Trauma and Surgical Critical Care - E-Book** Juan A. Asensio, Wayne J. Meredith, 2023-03-18 Drawing on the experience and knowledge of master world renowned trauma surgeons Current Therapy of Trauma and Surgical Critical Care 3rd Edition offers a comprehensive summary of optimal treatment and post operative management of traumatic injuries Ideally suited for everyday use this practical concise reference highlights the most important aspects of urgent surgical care from damage control to noninvasive techniques to chemical and biological injuries A focus on the surgical techniques required to manage even the most complex injuries makes it both an excellent resource for quick review before entering the operating room and a valuable review tool for board certification or recertification Covers the entire spectrum of Trauma Surgery and Surgical Critical Care from initial evaluation military and civilian field and trauma center evaluation and resuscitation to diagnosis operative and postoperative critical care and outcomes in nearly 100 print and 39 online exclusive chapters all newly streamlined to emphasize frontline procedural treatment Features extensive new data and updates to Cardiac Thoracic Vascular and Military Surgery chapters plus numerous new intraoperative photographs and high quality line drawings that highlight the most important aspects of urgent surgical care Contains 14 new chapters including Innovations in Trauma Surgery Simulation Air Evacuation and Critical Care in Military Casualties REBOA Indications and Controversies Penetrating Extracranial Vertebral Artery Penetrating Arterio Venous Fistulas The Genomics of Profound Shock and Trauma ECMO and newer strategies such as nerve

blocks for pain management to combat the opioid epidemic Incorporates a wealth of military knowledge from both recent and past military conflicts as well as from asymmetric warfare many of the authors and co authors have extensive past and present military experience Uses a consistent easy to follow chapter format throughout for quick and easy reference and review Reviews the essential principles of diagnosis and treatment as well as the specifics of surgical therapy making it useful for surgeons across all specialties Integrates evidence based practice guidelines into the text whenever possible as well as comprehensive utilization of the American Association for the Surgery of Trauma Organ Injury Scales AAST OIS Contains such a wealth of operative photographs and line drawings both in the printed version and many more in the electronic version that it could be considered an Atlas of Trauma Surgery An eBook version is included with purchase The eBook allows you to access all of the text figures and references with the ability to search customize your content make notes and highlights and have content read aloud

**Biennial Report of the Attorney General of the State of South Dakota** South Dakota. Office of Attorney General,1904 **Highway Safety Literature** ,1978 **Labor Policy and Practice** Bureau of National Affairs (Arlington, Va.),1953 Special Report United States. President's Committee on Employment of People with Disabilities. Meeting,United States. President's Committee on Employment of People with Disabilities,1989 South Dakota Codified Laws South Dakota,2004 **The South Dakota Revised Code, 1919** South Dakota,1919

**Report of the Regents of Education of the State of South Dakota to the Governor** South Dakota. Regents of Education,1902 Biennial Report of the Attorney General, State of South Dakota South Dakota. Office of Attorney General,1926 **Annual Report of South Dakota State Horticultural Society** South Dakota State Horticultural Society,1914 *Injuries and Damages from Hazardous Wastes: The report and comments* ,1982 **Annual Report of the Railroad Commissioners of the State of South Dakota for the Year Ending ...** South Dakota. Board of Railroad Commissioners,1902 **Concussion** A. Niranjan,L. D. Lunsford,2014-05-15 The increasing recognition of concussion and its associated consequences has focused international attention on mild traumatic brain injury The need for early diagnosis evaluation and management has expanded dramatically This volume includes the experience of leading experts who describe the recent advances in the pathophysiology biomechanics imaging definition and management of concussion Advanced imaging and electrophysiological techniques are being used to help delineate the underlying metabolic and ultrastructural effects of concussive injuries Papers in this volume review the role of emerging techniques including fMRI SPECT PET DTI MRS and MEG as well as report on multimodality concussion management programs which offer guidelines for selecting relevant team members assessing community needs and implementing management strategies that align with current practice standards This publication provides neurosurgeons neurologists trauma and sports medicine specialists physiatrists neuropsychologists and neuroscientists with a comprehensive overview of the current understanding of the causes of mild traumatic brain injury or concussion newer methods to evaluate it and current and evolving multimodality management

strategies     State of New York Supreme Court ,1959

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