ILLINOIS FORM 45: EMPLOYER'S FIRST REPORT OF INJURY

Please type or print.

Employer's FEIN	Date of report	Case or File #	Is this a lost workday case? ☐ Yes ☐ No
Employer's name Lindenwood University		Doing business as	
Employer's mailing address 209 South Kingshighway St. Charles, MO. 63301			Employer's email address cterry@lindenwood.edu
Nature of business or service University			SIC code
Name of workers' compensation carrier/admin. Argonaut		Policy/Contract #	Self-insured? ☐ Yes ✔ No
Employee's full name			Birthdate
Employee's mailing address			Employee's e-mail address
Gender ☐ Male ☐ Female	Marital status ☐ Married ☐ Single	# Dependents	Employee's average weekly wage
Job title or occupation			Date hired
Time employee began work	Date and 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 the employer's premises? ☐ Yes ☐ No	
Address of accident			
What was the employee doing when the accident occurred?			
How did the accident occur?			
What was the injury or illness? List the part of body affected and explain how it was affected.			
What object or substance, if any, directly harmed the employee?			
Name and address of physician/health care professional			
If treatment was given away from the worksite, list the name and address of the place it was given.			
Was the employee treated in an emergency room? ☐ Yes ☐ No		Was the employee hospitalized overnight as an inpatient? ☐ Yes ☐ No	
Report prepared by Candace Terry	Signature	Title and telephone # Benefits Director 636-627-2589	Email address cterry@lindenwood.edu

Please send this form to: **ILLINOIS WORKERS' COMPENSATION COMMISSION 4500 S. SIXTH ST. FRONTAGE RD SPRINGFIELD, IL 62703**

By law, employers must keep accurate records of all work-related injuries and illness (except for certain minor injuries). Employers shall report to the Commission all injuries resulting in the loss of more than three scheduled workdays. Filing this form does not affect liability under the Workers' Compensation Act and is not incriminatory in any way. This information is confidential. IC45 8/12