



## First Aid – Report Only

➤ Please complete and return to LWP Claims Solutions, Inc. to Fax: (408) 725-0395

Employer: Roman Catholic Diocese of Sacramento

Location Name: \_\_\_\_\_

Check One:  School  Charity  Cemetery  Parish  Other

Employee Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Employee Address (Street, City, State, Zip) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Hire \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Injury \_\_\_\_\_

Description of Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Onsite Contact:

Name & Title \_\_\_\_\_ Phone & Email \_\_\_\_\_