

GENERAL INSTRUCTIONS

EMPLOYEE:

1. Notify employer immediately of injury.
2. Complete all questions in the employee information and injury information sections.
3. Sign the form.
4. Submit this form to your employer within three (3) business days after the injury.

EMPLOYER:

1. Complete all questions in the employer information section.
2. Sign the form.
3. Submit this form to your workers' compensation insurance carrier within seven (7) days of knowledge of the occurrence of an injury.
4. Give a copy of the form to the injured employee.
5. Keep a copy of the First Report of Injury for at least four years from the date of injury as required by SDCL 62-6-1.

INSURER:

1. Complete all questions in the insurance information section at the bottom of the page.
2. Submit this form within ten (10) days of receipt to:
South Dakota Department of Labor
Division of Labor and Management
700 Governors Drive
Pierre, SD 57501-2291
(605)773-3681

CODES FOR QUESTIONS #18

18A. Body Part Codes:

30 = Ankle	02 = Finger (index)	33 = Hip	01 = Thumb
09 = Arm	05 = Finger (little)	14 = Knee	06 = Toe (greater)
18 = Back	03 = Finger (second)	13 = Leg	07 = Toe (other)
35 = Chest	04 = Finger (third)	29 = Lungs	10 = Wrist
16 = Ear (one)	12 = Foot	25 = Mouth	23 = Multiple Injury
17 = Ears (both)	34 = Groin	27 = Neck	24 = Other
11 = Elbow	08 = Hand	31 = Ribs/Side	
15 = Eye	26 = Head	28 = Shoulder	
36 = Face	21 = Heart	32 = Stomach	

18B. Cause of Injury Codes:

11 = Bending/Lifting	01 = Motor Vehicle
08 = Body Reaction/Over Reaction	10 = Repetitive Use
06 = Caught In/Under/Between	12 = Stress
03 = Fall From Elevation	05 = Struck Against
04 = Fall From Same Level	07 = Struck By
09 = Hostile Attack	02 = Temperature Extremes
14 = Knife/Sharp Object	13 = Other
15 = Machinery/Equipment	

18C. Nature of Injury Codes:

01 = Allergy	03 = Hearing Loss	05 = Not Applicable
02 = Disfigurement	04 = Occupational Disease	