

Workers' Compensation Injury/Illness Report

Fax To: (818) 848-4614 From: _____

Do not delay reporting injury/illness due to lack of information.

Employee Name: _____ S.S. No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone No.: () _____

Occupation: _____

Date of Injury/Illness: _____ Time of Injury/Illness: _____

Employee Start Time: _____ Return to Work Date: _____

Nature of Injury/Illness: _____

Part of Body: _____

How did the injury occur? (please be specific): _____

Address where Injury/illness occurred: _____

City: _____ State: _____ Zip: _____

Production Company Name: _____

Project Name: _____

Location Contact: _____ Phone No.: () _____

Supervisor Name: _____ Phone No.: () _____

Date of Employers' knowledge: _____

Person reported to: _____ Title: _____

Is the Claim questionable? (check one) Yes No

Physician Name or Medical Facility: _____

Address: _____ Phone No.: () _____

City: _____ State: _____ Zip: _____

Employer Name Cast & Crew Payroll, LLC.
100 E. Tujunga Ave., 2nd Floor
Burbank, CA 91502

Contact Workers' Compensation Department
Tel: (818) 848-6022 Fax: (818) 848-4614
workcomp@castandcrew.com

**Please fax the completed copy of this report to Cast & Crew
"WITHIN 24 HOURS" of knowledge of the injury**