

ILLINOIS FORM 45: EMPLOYER'S FIRST REPORT OF INJURY

Please type or print.

Employer's FEIN 36-3649862		Date of report		Case or File #		Is this a lost workday case? Yes / No	
Employer's name Advanced Data Technologies, Inc.				Doing business as Advanced Data Technologies, Inc.			
Employer's mailing address 1075 Shore Road				City Naperville		State IL	Zip code 60563
Nature of business or service Design, Installation & Maintenance of Structured Cabling					SIC code 1731		
Name of workers' compensation carrier/admin. West Bend Mutual Insurance Company			Policy/Contract # WCD0973378 04		Self-insured? Yes / No (X)		
Employee's full name				Social Security #		Birthdate	
Employee's street address				City		State	Zip code
Male / Female		Married / Single		# Dependents		Employee's average weekly wage	
Job title or occupation					Date hired		
Time employee began work AM / PM		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				City		State	Zip code
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				City		State	Zip code
If treatment was given away from the worksite, list where it was given.				City		State	Zip code
Was the employee treated in an emergency room? Yes / No				Was the employee hospitalized overnight as an inpatient? Yes / No			
Report prepared by			Signature			Title and telephone #	

Please send this form to the **ILLINOIS INDUSTRIAL COMMISSION 701 S. SECOND STREET SPRINGFIELD, IL 62704.** IC45 1/02

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 sense. This information is confidential.