



1ST REPORT OF FATALITY

CASE ID _____ MI _____

1ST REPORTING SOURCE INFORMATION

1. 1ST REPORTED TO MSU BY:
- | | |
|--|---|
| <input type="checkbox"/> MDCIS ASAP REPORT | <input type="checkbox"/> MDCIS CFOI |
| <input type="checkbox"/> ME/CORONER | <input type="checkbox"/> DEATH CERTIFICATE |
| <input type="checkbox"/> POLICE | <input type="checkbox"/> COUNTY CLERK |
| <input type="checkbox"/> EMS | <input type="checkbox"/> WC CLAIM |
| <input type="checkbox"/> FIRE CHIEF | <input type="checkbox"/> HOSPITAL/ER DATA |
| <input type="checkbox"/> EXTENSION OFFICE | <input type="checkbox"/> LOCAL HEALTH DEPT. |
| <input type="checkbox"/> NEWSPAPER | <input type="checkbox"/> OTHER _____ |

➡ PERSON REPORTING THE FATALITY: _____

2. DATE REPORTED TO MSU: _____ - _____ - _____ (mm-dd-ccyy)

3. HOW REPORTED: HOTLINE FAX E-MAIL MAIL NEWSPAPER
 OTHER _____

4. INITIALS OF MSU STAFF WHO TOOK THIS REPORT: _____

5. DID REPORTER NOTIFY MIOSHA FATALITY HOTLINE @ 800-858-0397? Yes No NA

INCIDENT INFORMATION

1. VICTIM'S NAME: _____
First, middle Last

2. DATE OF EVENT: _____ - _____ - _____ (mm-dd-ccyy)

3. TIME OF EVENT: _____ (military time)

4. TOTAL # DEATHS, THIS INCIDENT: _____

EMPLOYER INFORMATION

NAME: _____

ADDRESS: _____

INCIDENT NARRATIVE:

