WORKERS' COMPENSATION BOARD
CENTRALIZED MAILING, PO Box 5205, Binghamton, NY 13902-5205
Fax: 877-533-0337

State of New York - Workers' Compensation Board

www.wcb.ny.gov

REPORT OF WORK-RELATED INJURY OR OCCUPATIONAL DISEASE

This form is to be filed with the Workers' Compensation Board within 10 days of a work-related injury or illness. A copy of this report should be provided to your insurance carrier. No hearing will be scheduled at the Board in response to this report of injury.

EMPLOYER'S NAME AND MAILING ADDRESS	INSURANCE CARRIER'S NAME AND MAILING ADDRESS

FILING ENTITY: ☐ Employer ☐ Carrier ☐ Other (If "Other", give name and address.)	CARRIER ID NUMBER W-	CARRIER CASE NUMBER
	WC POLICY NUMBER	EFFECTIVE DATE OF POLICY

INJURED EMPLOYEE (First Name, Middle Initial, Last Name)	EMPLOYEE'S ADDRESS (Street No. & Name, Apt No., City, State & Zip Code)
UNION NAME & LOCAL NUMBER	

EMPLOYEE'S SOCIAL SECURITY NUMBER	DATE OF BIRTH	TELEPHONE NUMBER	SEX

SPECIFIC DETAILS AS TO OCCURRENCE OF INJURY AND PART(S) OF BODY AFFECTED

ADDRESS WHERE INJURY OCCURRED	DATE OF INJURY	TIME OF INJURY
	DATE SUPERVISOR FIRST KNEW OF INJURY	

WAS MEDICAL CARE PROVIDED? ☐ YES ☐ NO IF YES, BY WHOM?

DATE(S) MEDICAL CARE PROVIDED: _____

IS THIS A DEATH CASE? ☐ YES ☐ NO

HAS EMPLOYEE RETURNED TO WORK? ☐ YES ☐ NO IF YES, DATE OF RETURN: _____/_____/_____

Prepared by	Official Title
Date of this Report	Telephone Number & Extension

ADR-1 ADR-1 ADR-1 ADR-1 ADR-1

(1-11) Prescribed by Chair
Workers' Compensation Board
State of New York

SEE FILING INSTRUCTIONS ON REVERSE

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.

FILING INSTRUCTIONS

Please note that the ADR-1 Report of Injury form must be submitted to the Workers' Compensation Board within 10 days of a work related injury or illness, as required by 12 NYCRR § 314.2(d)(5).

The ADR-2 Final Disposition of Claim form must be filed with the Workers' Compensation Board's local district office within 30 days of the final resolution of a claim through settlement, mediation,or arbitration, as required by 12 NYCRR § 314.7(a).

Failure to file the prescribed ADR forms with the Workers' Compensation Board in a timely manner may result in revocation of the parties' authorization to participate in the Alternative Dispute Resolution Pilot Program.