

7. What was the deceased doing at the time of the incident? (Mark **ALL** that apply.)

- normal commute between home and usual work location
- job-related errand or travel other than commuting to or from work
- attending training provided or required by the employer
- routine or typical work activity (Please specify): _____
- other activity on the employer premises
- work-related activity (Please specify): _____
- non-work-related activity (Please specify): _____
- non-work-related personal business
- don't know

8. What time did the incident occur? Check only **ONE**: AM PM

9. What time did the deceased's workday begin on the day the incident occurred? Check only **ONE**: AM PM

10. The injury/illness resulted from: (Check the **MOST** accurate statement.)

- an incident, such as a fall, explosion, shooting, etc.
- an exposure to a chemical, substance, or environmental factor lasting a day or less
- an exposure to a chemical, substance, or environmental factor lasting more than a day
- heart attack/stroke
- natural causes other than heart attack or stroke
- other (Please specify): _____

11. Please provide more specific details to describe the injury/illness and the events which resulted in the injury/illness:

- a. Include information about how the injury/illness occurred.
- b. Identify any equipment, objects, or substances involved in the incident and describe how they were involved. (Please use additional pages if more space is needed.)

SECTION IV. RESPONDENT IDENTIFICATION

Please provide the following information:

1. Your name: _____

2. Your job title: _____

3. Your daytime phone number: (_____) _____
(Area code) (Phone number)

4. Date you completed this form: _____
(Month) (Day) (Year)