WCB Workers Compensation Board of Manitoba

Phone 204-954-4321
(Toll free 1-855-954-4321)
333 Broadway, Winnipeg R3C 4W3
wcb.mb.ca

Employer Incident Report

Claim Number	2

Employer Information

Business Name			Address (include branch where applicable)		
City	Province	Postal Code	Firm Number	Industry Code	Phone Number

Worker Information (Please type all dates as dd-mm-yyyy.)

Last Name		First Name	
Address			City
Province	Postal Code	Phone Number	Date of Birth (dd-mm-yyyy)
Social Insurance Number	Gender	Job Title	

Injury Details

Date of incident DD/MM/YYYY	Areas of injury
Date reported to employer DD/MM/YYYY	Name and position to whom incident was reported

Please describe the incident in as much detail as possible. (Use separate sheet if necessary.)

City and province where incident occured

If the incident occurred out of province, is the worker's usual place of employment in Manitoba? ☐ Yes ☐ No

Had the worker been employed outside of Manitoba for 6 months or longer at the time of the incident? ☐ Yes ☐ No

Did the incident occur on your premises? ☐ Yes ☐ No	If no, specify name and address of premises where incident happened.

Name and Address of Doctor(s) and/or Hospital(s) that Provided Treatment (If known)

Name	Address
Name	Address

Time Loss and Wages (Only complete this section if the worker missed time from work beyond the date of the incident.)

What was the last day and hour worked following the incident? ☐ AM ☐ PM	
Has the worker returned to work? ☐ Yes ☐ No	If yes, when? ☐ AM ☐ PM
Are you continuing to pay the worker during time loss? ☐ Yes ☐ No	What wages were paid to the worker on the last date worked? $
How many hours does the worker work per week? If it varies, please describe.	What are the worker's regular days off? If it varies, please describe.
What is the worker's current hourly wage?	What are the worker's total gross earnings for the last calendar year? $
What date did the worker begin employment with your firm? DD/MM/YYYY	If employed less than one year, what are the worker's gross earnings for the period from the date of employment to the date of the incident?
If employed more than one year, what are the worker's gross earnings during the twelve months prior to the date of the incident? $	Are you able to accommodate worker in alternate duties? ☐ Yes ☐ No

For faster claim reporting, please call 204-954-4321 | Toll free 1-855-954-4321
Fax this form - in Winnipeg: 204-954-4999 | toll free: 1-877-872-3804

Worker's Name	Claim Number	2

Coverage

Was anyone not employed by you involved in the incident? ☐ Yes ☐ No	If yes, give name and address.

Is the worker a partner, director or sole proprietor of the company? ☐ Yes ☐ No

Please answer these questions if the incident occurred between Jan. 1, 1992 and Dec. 31, 2005.

Is the worker a member of the employer's family (or if the employer is a corporation, a family member of a director of the corporation)? ☐ Yes ☐ No

If yes, at the time of the incident, did the worker reside with the employer or director? ☐ Yes ☐ No

Is the worker a sub-contractor? ☐ Yes ☐ No If yes, specify: ☐ Construction ☐ Logging (Complete appropriate sections below.)

Is the worker an owner operator? ☐ Yes ☐ No If yes, specify: ☐ Courier ☐ Trucking ☐ Towing (Complete appropriate sections below.)

Farming

Is the worker related to the farm owner? ☐ Yes ☐ No

Sub-Contractor or Owner Operator (Only complete if worker is a sub-contractor or owner operator.)

Are you covering the worker under your WCB coverage? ☐ Yes ☐ No	If no, is the worker registered with WCB? ☐ Yes ☐ No
Does the worker work in a partnership? ☐ Yes ☐ No	Does the worker employ other workers? ☐ Yes ☐ No

Sub-Contractor in Construction

Does the worker supply any materials or equipment? ☐ Yes ☐ No	If yes, please specify.

Sub-Contractor in Logging

Does the worker supply any materials or equipment? ☐ Yes ☐ No	If yes, please specify.
Was the worker cutting on the firm's timber sale, timber permit or sawmill license? ☐ Yes ☐ No	If no, on whose timber sale, timber permit or sawmill license was the worker cutting?

Owner Operator is a Courier

What is the gross vehicle weight? (This can be obtained from the Autopac registration.)

Owner Operator in Trucking

Does the worker haul within a 16 km radius of the city or town in which the home terminal is located? ☐ Yes ☐ No	Is the worker a long distance driver? ☐ Yes ☐ No
Does the worker provide a vehicle? ☐ Yes ☐ No	If yes, how many vehicles?

Name and Position of Person Completing Report	Date (mm-dd-yyyy)