



FORM 118 - DEPARTMENT OF INDUSTRIAL ACCIDENTS
EMPLOYER'S NOTIFICATION TO INSURER OF MEDICAL ONLY INJURIES
 If an Injury Has Resulted in 5 or More Calendar Days of Total or Partial Incapacity from Earning Wages,
File "Employer's first Report of Injury". Form 101

DO NOT File This Form With
The Department of
Industrial Accidents

PLEASE PRINT OR TYPE:

EMPLOYEE	1. Employee Name (Last, First, MI)		2. Home Telephone ()		3. Social Security Number*	
	4. Home Address (No. & Street, City, State, Zip Code)			5. Marital Status Single Married		6. No. of Dependents
	7. Date of Hire (MM/DD/YY):		8. Date of Birth (MM/DD/YY):		9. Sex Male Female	
	11. Piece or Hourly Worker? Piece Hourly		12. Hours Worked Per Day		10. Hourly Wage	
				13. Days Worked Per Week		14. Avg. 52-Week Wage: \$ [,] Estimated or Actual

EMPLOYER	15. Employer Name TRUSTEES OF BOSTON UNIVERSITY		16. Employer Self-Insured? Yes No #726		17. Federal Tax ID 04 - 2103547	
	18. Employer Address (No. & Street, City, State, Zip Code) 25 Buick Street Boston, MA 02215			19. Employer Telephone (617) 353-4470		20. Industry Code 82
	21. Insurance Carrier: Name and Address of Branch Responsible for This Case (Not Local Agent or Adjuster) TRUSTEES OF BOSTON UNIVERSITY					
	22. Worker's Compensation Policy Number			23. OSHA Case File Number (if applicable)		

24. Date of Injury (MM/DD/YY):		25. Time of Injury : A.M. P.M.		26. Source of Injury (e.g., Machine, Tool, Substance, etc.)	
27. Address Where Injury Occurred (if different from *18 above)			28. On Employers Premises? Yes No		29. Employer Location Code
30. Regular Occupation			31. Regular Occupation When Injured? DYes D No		
32. To Whom Was Injury Reported?				33. Date Reported (MM/DD/YY):	
34. Nature of Injury(ies) (Burn, Fracture, Cut, etc.)					
35. Injured Body Part(s) Description (Arm, Leg, Back, etc.)					
36. Physician Name and Address					
37. Hospital Name and Address					
38. Describe How Injury Occurred (e.g., Struck by..... Fell from..... Exposed to...)					
39. If Employee Has Returned to Work, Date of Return (MM/DD/YY)-			40. Returned to Regular Occupation? Yes No		

41. Preparer's Name (Please Print or Type)			42. Preparer's Title		
43. Preparer's Signature				44. Date Prepared (MM/DD/YY):	

* Disclosing Social Security Number is voluntary.