

# Employer's Report of Fatal Injury

WSSC Claim Number:							
Worker's Last Name:			Employer Name:				
Worker's First Name:			Mailing Address:				
Full Address:				Telephone:			
				Place of Incident – Address, City/Town:			
				Date and Hour of Incident:		Date and Hour of Death:	
				A.M. P.M.		A.M. P.M.	
Date and Hour Reported:				A.M. P.M.			
YY				at			
Age:	Sex:	Marital Status:	Social Insurance Number:				
Date Worker was Hired:			Occupation:				
Name and Address of Attending Doctor or Coroner:							
Describe the incident in as much detail as possible. Include what the worker was doing, and what equipment was being used.							
<p><b>Questions answered "Yes" require complete explanation. Use the back of this form if necessary.</b></p> <p>Was the deceased worker the owner or partner in the business, or a contractor or sub-contractor?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>Did the worker hold the position of President, Vice-President, Director, Secretary or Treasurer?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>Did the incident occur outside the Northwest Territories or Nunavut?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>Was the worker, at the time of the incident, doing work other than for the purpose of the employer's business?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>Was any person not in your employ to blame for, or involved in, the incident?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>In your opinion, is there any reason compensation should not be paid?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p>							
List dependent members of the family. Include names, addresses, and relationships. Identify next of kin.							

**Any information received as a result of the claims process is confidential. Further use or disclosure of the information could result in a fine pursuant to the Workers' Compensation Acts.**

Completed by (please print):		Signed at (city, town, village):	
Authorized Signature:		Phone Number:	Date:

If you would like assistance completing this form, or more information, please contact one of our offices listed below.

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596 • Toll Free Fax: 1-866-277-3677  
or

Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8531 • Toll Free Fax: 1-866-979-8501

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