



3601 W. Olive Ave.,  
Burbank, CA 91505  
818-729-0080

## Employee Injury Report

Extreme Reach Crew Services  
Risk Management Contact  
Aldo Cammarota  
[aldo.cammarota@extremereach.com](mailto:aldo.cammarota@extremereach.com)  
818-729-0080 x 28801 – P  
818-562-3301 - F

**1: (If an Emergency, skip to #2)** Report all injuries to Extreme Reach Crew Services within **24-hours** of the incidence by contacting Aldo Cammarota in the Risk Management department, during regular working hours call 818-729-0080 EXT 28801, for after hours or Holidays call 818-217-5941.

**2: To seek medical treatment, your Supervisor MUST provide you with a completed [Medical Treatment Authorization Form](#).** Your Supervisor will assist you with locating the nearest **approved** Occupational/Industrial medical facility by visiting <https://www.talispoint.com/firsthealth/?AE=997373505&CAID=GBMPN>, or by contacting Extreme Reach Crew Services for immediate assistance.

**3:** Please submit this fully completed form to the attention of Aldo Cammarota in the Risk Management department within **24-hours** of the incidence. Keep copies of all records for your files and mail the original forms to Extreme Reach Crew Services at **3601 W. Olive Ave., Ste 500, Burbank, CA, 91505**.

1. Production Company Name: \_\_\_\_\_ Project Name: \_\_\_\_\_

2. Employee Name (Last, First): \_\_\_\_\_

3. Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. Current Address: \_\_\_\_\_

5. Telephone Number(s): Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

6. Date of Hire (first day you reported to work): \_\_\_\_\_

7. What state were you hired out of? \_\_\_\_\_ Job Title: \_\_\_\_\_

8. Job Duties: \_\_\_\_\_

9. Direct Supervisor: \_\_\_\_\_

10. Days Worked (Check all boxes that apply): S   M   T   W   Th   F   Sat

11. Normal Hours worked - from: \_\_\_\_\_  AM  PM to: \_\_\_\_\_  AM  PM

12. Did you complete your shift the day of injury? \_\_\_\_\_

13. Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_  AM  PM

14. What state were you working in when you were injured? \_\_\_\_\_

15. What time did you begin working on the date of injury? \_\_\_\_\_  AM  PM

*Workers' Compensation fraud is a felony offense.  
If you have any suspicions regarding the legitimacy of a claim, please notify the Extreme Reach Crew Services Risk Management Department immediately.*

16. Date you notified your employer? \_\_\_\_\_

17. Who did you report the injury to? \_\_\_\_\_

18. Please describe the specific injury or illness and the body part affected (i.e. broken middle finger on left hand):

19. How did the accident or exposure occur? Describe the sequence of events; specify the object or exposure which directly produced the injury/illness (i.e. stepped on wet grass and lost balance, landed on my left wrist):

Did the accident/exposure take place on the employer's premises?  YES  NO

20. Address where Accident/Exposure took place (123 Blank St.):

21. Department where Accident/Exposure took place (Kitchen ,stage, parking lot, etc):

22. Were there any witnesses?  YES  NO

If so, please list:

Full Name: \_\_\_\_\_ Number: \_\_\_\_\_

23. Witness Statement (please have any witnesses available provide their statement below; use additional paper if needed) :

24. In your opinion, could this incident have been prevented? If so, please explain why.

25. Have you ever been injured in the past while working? If yes, please explain.

26. Over the past 24 months have you received any medical treatment? If yes, please indicate if it was work related.

27. Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THANK YOU FOR YOUR COOPERATION IN THIS SERIOUS MATTER!

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