

**INDUSTRIAL ACCIDENT BOARD
STATE OF DELAWARE**

STATEMENT OF FACTS

Delaware's law requires the deceased Employee's representative alleging death by an industrial accident to complete ALL information on this form for the Employer, sign and date this form after its completion.

1. **Employee:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Telephone No.: _____ **E-mail (optional):** _____
2. **Date of Accident:** _____
3. **Place of Accident:** _____
4. **Employer:** _____
Employer Contact Name: _____ **E-mail (optional):** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Telephone No.: _____ **Fax No.:** _____
5. **Name of Insurance Carrier / Third Party Administrator:** _____
6. **Occupation of Employee at the time of accident:** _____
7. **Describe the ACCIDENT and how it happened (attach new sheet if more space needed):**

8. **Describe the nature of the INJURY / list the BODY PARTS (attach new sheet if more space needed):**

9. **Did Employee receive medical, surgical or hospital service:** YES NO
10. **When was notice of injury given to or received by Employer:** _____
11. **Give names & addresses of all employers in PAST 5 YEARS (attach new sheet if more space needed):**

NAME:	ADDRESS:
_____	_____
_____	_____
_____	_____
_____	_____
12. **State weekly wage when injured:** _____
13. **Name & address of every treating doctor in LAST 10 YEARS (attach new sheet if more space needed):**

NAME:	ADDRESS:
_____	_____
_____	_____
_____	_____
_____	_____

14. State number of weeks employed during the last twelve months: _____

15. State at what trade or occupation employed during the last twelve months:

16. Date of death: _____

17. What were expenses of last sickness and burial:

18. Amount of these expenses paid by Employer:

19. Name of widow or widower of deceased, if dependent:

20. Names and dates of birth of dependent children under sixteen years of age:
NAME: BIRTH DATE:

21. Names and addresses of surviving father and mother of deceased, if dependent:
NAME: ADDRESS:

22. Names and dates of birth of dependent siblings of deceased under sixteen years of age:
NAME: BIRTH DATE:

23. State any other important facts bearing on the claim above presented:

DATED THIS _____ DAY OF _____, A.D. _____

CLAIMANT SIGNATURE