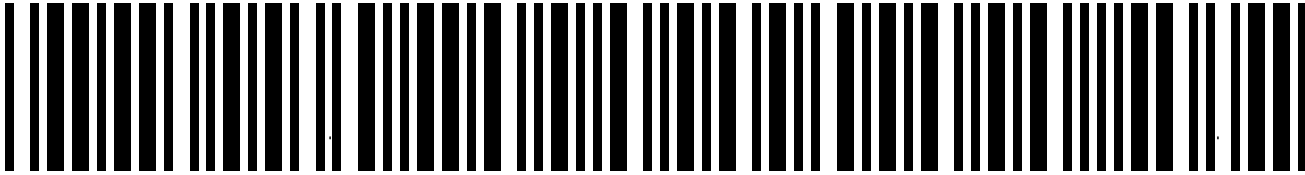


STATE OF CALIFORNIA
DWC DISTRICT OFFICE

DOCUMENT COVER SHEET



Is this a new case? Yes ☐ No ☐ Companion Cases Exist ☐ Walkthrough Yes ☐ No ☐

More than 15 Companion Cases ☐

Date:(MM/DD/YYYY)

SSN: _____

☐ Specific Injury

Case Number 1

☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

Please check unit to be filed on (check only one box)

☐ ADJ ☐ DEU ☐ SIF ☐ UEF ☐ INT ☐ RSU

Companion Cases

☐ Specific Injury

Case Number 2

☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 3

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 4

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____



Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 5

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____



☐ Specific Injury

Case Number 6

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 7

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 8

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____



☐ Specific Injury

Case Number 9

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 10

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 11

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____



☐ Specific Injury

Case Number 12

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 13

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 14

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____



☐ Specific Injury

Case Number 15

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____



☐ Specific Injury

Case Number 16

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____



District office codes for place of venue

Legend

| Abbreviation | Office |
|---------------------|-----------------|
| AHM | Anaheim |
| ANA | Santa Ana |
| BAK | Bakersfield |
| EUR | Eureka* |
| FRE | Fresno |
| LAO | Los Angeles |
| LBO | Long Beach |
| MDR | Marina del Rey |
| OAK | Oakland |
| OXN | Oxnard |
| POM | Pomona |
| RDG | Redding |
| RIV | Riverside |
| SAC | Sacramento |
| SAL | Salinas |
| SBA | Santa Barbara** |
| SBR | San Bernardino |
| SDO | San Diego |
| SFO | San Francisco |
| SJO | San Jose |
| SLO | San Luis Obispo |
| SRO | Santa Rosa |
| STK | Stockton |
| VNO | Van Nuys |

** Eureka is a satellite office of Santa Rosa district office. ** Santa Barbara is a satellite office of the Oxnard district office.*

Use this document to complete forms, but do not file this document with your forms.

Body Part Code List

The body part codes listed below are used to complete forms that require the listing of the part of the body that is in issue. Please do not file this document with your forms.

| | | | |
|-----|---|-----|---|
| 100 | Head - not specified | 500 | Lower extremities - not specified |
| 110 | Brain | 510 | Legs - above ankles, not specified |
| 120 | Ear - not specified | 511 | Thigh femur |
| 121 | Ear - external | 513 | Knee Patella |
| 124 | Ear - internal including hearing | 515 | Lower leg tibia and fibula |
| 130 | Eye - including optic nerves and vision | 518 | Leg - multiple parts any combination of above parts |
| 140 | Face - not specified | 519 | Leg - not specified |
| 141 | Jaw - including chin and mandible | 520 | Ankle malleolus |
| 144 | Mouth - including lips, tongue, throat and taste | 530 | Foot not ankle or toe |
| 145 | Teeth | 540 | Toes |
| 146 | Nose - including nasal passages, sinus and smell | 598 | Lower extremities - multiple parts any combination of above parts |
| 148 | Face - multiple parts any combination of above parts | 700 | Multiple parts more than five major parts use only in fifth position of listing of body parts |
| 149 | Face - forehead, cheeks, eyelids | 800 | Body system - not specific |
| 150 | Scalp | 801 | Circulatory system - heart -other than heart attack, blood, arteries, veins, etc. |
| 160 | Skull | 802 | Circulatory system - Heart attack |
| 198 | Head - multiple injury any combination of above parts | 810 | Digestive system - stomach |
| 200 | Neck | 820 | Excretory system - kidneys, bladder, intestines, etc |
| 300 | Upper extremities - not specified | 830 | Musculo-skeletal system - bones, joints, tendons, muscles, etc. |
| 310 | Arm - above wrist not specified | 840 | Nervous system - not specified |
| 311 | Arm - upper arm humerus | 841 | Nervous system - stress |
| 313 | Arm - elbow head of radius | 842 | Nervous system - Psychiatric/psych |
| 315 | Arm -forearm radius and ulna | 850 | Respiratory system - lungs, trachea, etc. |
| 318 | Arm - multiple parts any combination of above parts | 860 | Skin dermatitis, etc. |
| 319 | Arm - not specified | 870 | Reproductive systems |
| 320 | Wrist | 880 | Other body systems |
| 330 | Hand - not wrist or fingers | 999 | Unclassified - insufficient information to identify body parts |
| 340 | Fingers | | |
| 398 | Upper extremities - multiple parts any combination of above parts | | |
| 400 | Trunk - not specified | | |
| 410 | Abdomen - including internal organs and groin | | |
| 411 | Hernia | | |
| 420 | Back - including back muscles, spine and spinal cord | | |
| 430 | Chest - including ribs, breast bone and internal organs of the chest | | |
| 440 | Hips - including pelvis, pelvic organs, tailbone, coccyx and buttocks | | |
| 450 | Shoulders - scapula and clavicle | | |
| 498 | Trunk - use for side; multiple parts any combination of above parts | | |

Use this document to complete forms, but do not file this document with your forms.