WSCC Workers' Safety & Compensation Commission | ᐃᖃᓗᓇᐃᖅᑎᑐᓄᑦ ᐊᑦᑕᓇᖅᑐᓂᒃ ᐊᒪᓚᒃ ᓇᓕᓕᐅᔭᓕᓂᒃ ᖃᐅᔨᓴᖅᑎᑦ

Employer's Report of Fatal Injury

WSCC 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: A.M. P.M. / Date and Hour of Death: A.M. P.M.
Date of Birth: YY MM DD	Date and Hour Reported: YY at A.M. P.M.
Age: Gender: ☐ M ☐ F ☐ X Marital Status:	Name and Address of Attending Doctor or Coroner:
Social Insurance Number:	
Date Worker was Hired: / Occupation:	

Describe the incident in as much detail as possible. Include what the worker was doing, and what equipment was being used.

Questions answered "Yes" require complete explanation. Use the back of this form if necessary.

Was the deceased worker the owner or partner in the business, or a contractor or sub-contractor?	☐ YES	☐ NO
Did the worker hold the position of President, Vice-President, Director, Secretary or Treasurer?	☐ YES	☐ NO
Did the incident occur outside the Northwest Territories or Nunavut?	☐ YES	☐ NO
Was the worker, at the time of the incident, doing work other than for the purpose of the employer's business?	☐ YES	☐ NO
Was any person not in your employ to blame for, or involved in, the incident?	☐ YES	☐ NO
In your opinion, is there any reason compensation should not be paid?	☐ YES	☐ NO

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:

The WSCC may use this information for the administration of legislation under our authority, including the *Workers' Compensation Acts*, the *Safety Acts*, and/or the *Mine Health and Safety Acts*, and their associated *Regulations,* and to contact you in relation to the requirements under the relevant legislation. It is your responsibility when providing an email address to ensure reasonable safeguards are in place to protect the confidentiality and security of your personal information within your email account.

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) 979-8501 • Toll Free Fax: 1-866-979-8501

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