WSCC Workers' Safety & Compensation Commission

Harvester's Report of Incident

COMPLETE ALL QUESTIONS, SIGN AND SEND TO THE WSCC AT THE ADDRESS ON REVERSE - PRINT CLEARLY

WSCC Claim Number:

Harvester's Last Name:	First Name:	Marital Status:
Address (include postal code):		Dependents:
Telephone (include area code):		Gender: ❏ M ❏ F ❏ X
Social Insurance Number:	General Hunting License Number:	
Date of Birth: YY | MM | DD	Preferred Language:	

1. a) Incident Date: YY | MM | DD   Time: ____________ ❏ AM ❏ PM

b) Did you have to stop harvesting after your incident? If yes, when? YY | MM | DD ❏ AM ❏ PM

c) When did you go to the doctor or nurse? YY | MM | DD ❏ AM ❏ PM

d) If you did not get medical treatment immediately, give reason.

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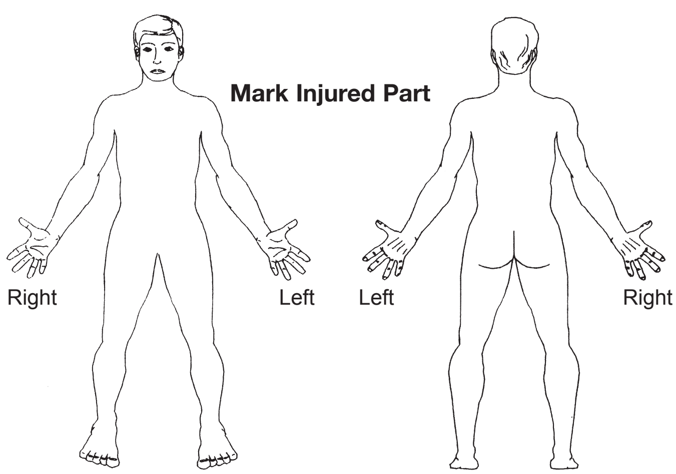
e) Where did the incident happen?

2. How did the incident happen, and what injury did you receive? Be specific (i.e. lifting, or, if you fell, how far did you fall? State right or left, if applicable). Attach extra sheet(s) if necessary.



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3. **IMPORTANT - LIST ANY WITNESSES**

Name and address (include postal code)	Name and address (include postal code)

COMPLETE BOTH SIDES OF THIS FORM AND SEND IMMEDIATELY TO WSCC

WORKERS' SAFETY AND COMPENSATION COMMISSION OF THE NORTHWEST TERRITORIES AND NUNAVUT

Harvester's Name: ______________________________

4. a) Name of doctor or nurse:

b) Which hospital or nursing station did you go to, if any? When? | YY | MM | DD |

c) If your teeth were injured, give name of dentist:

5. a) Have you had a similar disability before? ❑ Yes ❑ No If yes - explain:

b) Have you had previous claims with the WSCC? ❑ Yes ❑ No If yes - give dates and nature of injury:

6. a) Are you back at harvesting activities? ❑ Yes ❑ No If yes - give date you returned to harvesting:

b) If no, when do you think you will return to harvesting? Provide the date: | YY | MM | DD |

c) If you harvested since you were hurt, provide the dates you harvested. From: | YY | MM | DD | To: | YY | MM | DD |

7. In the twelve months before the incident, what other employment earning or income did you receive?

Name of Company: From: | YY | MM | DD | To: | YY | MM | DD | Total Earnings:

Name of Company: From: | YY | MM | DD | To: | YY | MM | DD | Total Earnings:

Name of Company: From: | YY | MM | DD | To: | YY | MM | DD | Total Earnings:

8. Amount of income from harvested renewable resources (i.e. sales of wild meat, fish, fur sales, etc.)
From: | YY | MM | DD | To: | YY | MM | DD | Total Earnings:

9. Additional information or comments:

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WORKER'S CONSENT

I hereby claim compensation for work-related injuries or disease.

<u>Information Sharing</u> – I understand the WSCC uses the above information about me for the sole purpose of conducting an investigation into this claim. I also understand the WSCC will need to gather more information about my harvesting incident and medical and work history to administer my claim. For that specific purpose only, the WSCC may disclose some personal information to employers, medical personnel and other relevant third parties.

I authorize the WSCC to provide and gather such information from all necessary sources, including hospital and doctors' records, and employer records.

<u>Information Accuracy</u> – I understand incomplete information from me may delay my claim, and that untrue information from me is unlawful.

I declare the information above is true and accurate. I understand it may be a criminal offence to make a false claim, or to work and/or perform harvesting activities and earn income while receiving workers' compensation without telling the WSCC.

Signed at ____________________ Date ____________________ Signature ____________________

Any personal information, as defined by the *Access to Information and Protection of Privacy Act* (ATIPP), requested herein is for the purpose of administering the *Workers' Compensation Acts* and is authorized by the *Acts*.

For more information, please read our *Privacy Statement for Workers* at wscc.nt.ca or wscc.nu.ca or contact the WSCC ATIPP Co-ordinator at 1-800-661-0792 or 1-867-920-3888.

If you would like assistance completing this form, or more information, 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

wscc.nt.ca • wscc.nu.ca

Ce formulaire est disponible en français
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