

CHAPTER 5
DOCUMENTATION, REPORTING, AND ROUTING

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CHAPTER 5

DOCUMENTATION, REPORTING, AND ROUTING

1. CHP 121, EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS.
 - a. Completion. The CHP 121, Employer's Report of Occupational Injury or Illness, shall be completed by the employee's supervisor within 24 hours of notification of an alleged occupational injury or illness. (Refer to Annex A, CHP 121, Employer's Report of Occupational Injury or Illness.)
 - b. Format. The CHP 121 shall be typed.
 - c. Commander's Signature. The commander or designee shall review and sign the CHP 121 within three days of the notification of an injury or illness.
 - d. Filing With State Fund. Pursuant to Section 3760 of the California Labor Code (LC), and the State Administrative Manual, Section 2581.4, the commander or designee shall ensure the CHP 121 is filed with the State Fund within five days of a notification of an injury or illness, unless record only or first aid without medical expenses incurred. The filing of a CHP 121 with State Fund shall not be delayed for any reason. If necessary, the commander or designee shall submit a partially completed CHP 121 to include a statement that additional pertinent information will be forwarded as soon as possible. State Fund will accept a partially completed CHP 121 pending the submission of the completed original. Filing of the CHP 121 should include the entire CHP 121 packet, to include the CHP 121; the CHP 121B, Employee Report of Injury; and Employee Claim Form (e3301). Detailed discussion of these forms is contained in this policy chapter.
 - e. Reporting and Routing. All CHP 121 packets shall be faxed to State Fund at (800) 371-5905, or e-mailed to State Fund at CSCnewclaim@scif.com. The approved fax cover sheet shall be utilized. This form can be found on the State Fund website at <https://www.statefundca.com/state-agency/forms/>. All subsequent forms and communication shall be sent directly to the assigned adjuster. A copy of the CHP 121 packet shall also be sent to the Injury Case Management Section (ICMS), as well as the appropriate Division. The Division Health and Safety coordinator shall review the injury, illness, and hazardous exposure documentation forwarded by the commands to ensure documentation is accurate and complete. If the documentation requires amendment, the coordinator shall contact the originating command and resolve the issue, if any. (Refer to Annex B, Injury or Illness Reporting and Routing, for additional reporting and routing information.)

f. Temporary Assignment. If an injury or illness occurs while an employee is temporarily assigned to another command for reasons other than civil disturbance, the command where the employee is temporarily assigned shall be responsible for the completion and filing of the CHP 121 (a copy shall be forwarded to the command of permanent assignment). The command where the employee is permanently assigned shall be responsible for the subsequent case management.

g. Temporary Assignment Due to Civil Disturbance. If an injury or illness occurs while an employee is temporarily assigned to another command due to civil disturbance, the command where the employee is permanently assigned shall be responsible for the completion of the CHP 121 and the subsequent case management.

h. Travel Status. If an injury or illness occurs while an employee is traveling to or from a temporary assignment, the command where the employee is permanently assigned shall be responsible for the completion and filing of the CHP 121 and the subsequent case management.

i. Assignment Outside the Department. If an injury or illness occurs while an employee is temporarily assigned to and/or under the direct control and supervision of an entity other than the Department, the appropriate Assistant Commissioner shall be responsible for the completion and filing of the CHP 121 (copy shall be forwarded to the command of permanent assignment). The command where the employee is permanently assigned shall be responsible for the subsequent case management.

j. Cadets. If an injury or illness occurs while an employee is assigned to the Academy as a cadet, the Academy shall be responsible for the injury and illness reporting and routing procedures. Upon cadet graduation, the Academy shall forward the employee's field medical file to the command of permanent assignment. If the employee experiences a recurrence or status change of an injury or illness incurred as a cadet, the command of permanent assignment shall be responsible for the injury and illness reporting and routing procedures and subsequent case management.

k. Training at Other Sites. If an injury or illness occurs while an employee is training at other sites, the command where the employee is permanently assigned shall be responsible for the completion and filing of the CHP 121 and the subsequent case management.

2. CHP 121B, EMPLOYEE REPORT OF INJURY.

a. Completion. The CHP 121B shall be completed and signed by the employee within 24 hours of reporting an injury or illness. The CHP 121B shall be completed

by the employee in their own handwriting. Under no circumstances shall the command complete the CHP 121B on behalf of the employee.

b. Employee's Signature. The CHP 121B shall be signed by the employee within 24 hours of reporting an injury or illness.

(1) Employee's Inability to Complete and/or Sign. If the employee is incapable of completing and/or signing the CHP 121B within 24 hours of reporting an injury or illness, the supervisor shall type or print "unable to complete and/or sign" in the employee's signature block and document the circumstances which prevented the completion and/or signing of the form on page 2 of the CHP 121B. The employee shall complete and sign the CHP 121B as soon as possible.

(2) Employee's Refusal to Complete or Sign. If the employee refuses to complete and/or sign the CHP 121B, the supervisor shall type or print "refused to complete and/or sign" in the employee's signature block and document the refusal on page 2 of the CHP 121B.

3. CHP 121E, SUPERVISOR'S INCIDENT REPORT - RECORD ONLY.

a. Completion. The CHP 121E, Supervisor's Incident Report - Record Only, shall be completed by the employee's supervisor within 24 hours of notification of an incident that does not require medical treatment (record only or first-aid incidents with no medical expenses incurred) and does not result in any lost time from work. (Refer to Annex C, CHP 121E, Supervisor's Incident Report - Record Only.)

b. Employee's Signature. The employee shall review and sign the file copy of the CHP 121E within 24 hours of reporting an incident.

(1) Employee's Inability to Sign. If the employee is incapable of signing the CHP 121E within 24 hours of reporting an incident, the supervisor shall document the circumstances which prevented signing of the form in the manager's review section of the CHP 121E. The employee shall then sign the CHP 121E as soon as possible.

(2) Employee's Refusal to Sign. If the employee refuses to sign the CHP 121E, the supervisor shall document the reason why the employee refuses to sign the CHP 121E in the manager's review section.

c. Reporting and Routing. A copy of the CHP 121E shall be sent to the ICMS, as well as the appropriate Division. (Refer to Annex D, Incident/Exposure Reporting; No Injury, for additional reporting and routing information.)

4. CHP 120, OFF FULL DUTY STATUS REPORT.

a. Maintenance. Commanders shall maintain a CHP 120, Off Full Duty Status Report, for employees who are off duty or assigned to limited duty. The CHP 120 shall not be posted for general viewing. (Refer to Annex E, CHP 120, Off Full Duty Status Report.)

b. Reporting and Routing. Commanders shall submit a monthly CHP 120 to their respective Divisions by the 10th of each month. The report submitted to Division may contain information on employees who are assigned to limited duty or are off duty for less than that full month. However, it shall contain information on employees who are assigned to limited duty or are off duty for 30 calendar days or more. Negative reports are required. Divisions shall submit a composite CHP 120 of employees who are assigned to limited duty or are off duty for 30 calendar days or more to the appropriate Assistant Commissioner no later than the 15th of each month. The appropriate Assistant Commissioner will forward the CHP 120s to the ICMS.

5. CHP 225, CALIFORNIA HIGHWAY PATROL OFFICER 14 CRITICAL PHYSICAL ACTIVITIES. Upon notification that a uniformed employee sustained an injury or illness requiring medical treatment beyond first aid, the supervisor shall provide the medical care provider with a CHP 225, California Highway Patrol Officer 14 Critical Physical Activities, to assist in determining if the employee is able to perform full or limited duty.

6. CHP 442, INDIVIDUAL ACCIDENT, INJURY AND SAFETY RECOGNITION RECORD. Whenever an employee suffers an injury, illness, or exposure requiring the submission of a CHP 121 or CHP 121E, the supervisor shall record the incident on a CHP 442, Individual Accident, Injury and Safety Recognition Record, within three days of initial notification of the injury, illness, or exposure. The CHP 442 shall be filed and retained in the employee's medical file.

7. CHP 442S, SUPERVISORY REVIEW OF OCCUPATIONAL INJURY OR ILLNESS. Whenever an employee suffers an injury or illness requiring the submission of a CHP 121 or CHP 121E, the supervisor shall complete a CHP 442S, Supervisory Review of Occupational Injury or Illness, within three days of initial notification of the injury or illness. The CHP 442S shall be filed and retained in the employee's medical file and attached to a copy of the associated CHP 121 or CHP 121E.

8. CHP 443, LIMITED DUTY ASSIGNMENT - PHYSICIAN'S REPORT. Upon notification of an injury or illness which requires the assignment of limited duty, the supervisor shall provide the employee's medical care provider a CHP 443.

9. CHP 600, RIGHT TO PRIVACY INSTRUCTIONS RELATIVE TO OCCUPATIONAL INJURIES/ILLNESSES AND VEHICLE ACCIDENT REPORTS. Within 24 hours of notification of an injury or illness, other than record only or first aid incidents without medical expenses, the supervisor shall provide the employee with a copy of a CHP 600, Right to Privacy Instructions Relative to Occupational Injuries/Illnesses and Vehicle Accident Reports.

10. CHP 601, COPING WITH YOUR INJURY. Within 24 hours of notification of an injury or illness, other than record only or first-aid incidents without medical expenses, the supervisor shall provide the employee with a copy of a CHP 601, Coping With Your Injury.

11. e3301, WORKERS' COMPENSATION CLAIM FORM (DWC 1) AND NOTICE OF POTENTIAL ELIGIBILITY.

a. Initiation. The e3301 shall be provided to the employee within 24 hours of a notification of an alleged injury or illness, other than record only or first aid without medical expenses. The employee shall complete the top section of the form and return to their supervisor. The supervisor shall complete the bottom section of the form upon receipt and forward to State Fund within five days with the CHP 121 packet.

b. Reporting and Routing. The completed e3301 shall be forwarded to the State Fund within five calendar days of the command's date of knowledge of the injury or illness. The date of knowledge is the date the e3301 is completed by the employee and submitted to their command. (Refer to Annex B for additional reporting and routing information.)

c. Receipt of e3301, Worker's Compensation Claim Form (DWC 1) and Notice of Potential Eligibility, and/or Application for Adjudication. Command receipt of a e3301 Worker's Compensation Claim Form (DWC 1) and/or an Application for Adjudication form shall be considered equivalent to an employee notification of injury or illness. All applicable injury and illness reporting and routing shall be implemented.

12. COMMANDER'S MEMORANDUM AND ATTACHMENT.

a. Employee Review of Commander's Memorandum and Attachment. The commander or designee shall review the commander's memorandum and attachment with the employee within 24 hours of a notification of an injury or illness,

other than record only or first aid without medical expenses. (Refer to Annex F, Commander's Memorandum and Attachment.)

b. Employee's Signature. The employee's signature acknowledging the content of the attachment is not mandatory. In those cases where a signature is lacking, the commander or designee shall document the date and time the attachment was reviewed with the employee and the reason for the absence of a signature.

13. MEDICAL CARE PROVIDER'S STATEMENT DIRECTING EMPLOYEE OFF DUTY. As soon as possible, after being directed off duty by a medical care provider, an employee shall provide their supervisor a written statement prepared by the medical care provider to include the reason(s) the employee was placed off duty and estimated date of return to full or limited duty.

14. EMPLOYEE'S COPY OF FORMS. Upon request, an employee shall be provided with a copy of the CHP 121, CHP 121B, CHP 121E, and e3301.

15. CONFIDENTIALITY. Documentation relevant to an employee's injury, illness, or hazardous exposure is confidential and shall be maintained in accordance with directives contained in Highway Patrol Manual 5.1, Correspondence Manual, Chapter 5, Mailing Information.

16. DEATH, SERIOUS INJURY, OR SERIOUS ILLNESS. If a death, serious injury, or serious illness occurs, the commander or designee shall ensure the notification procedures in General Order 100.80, Notification and Report of Emergency Incidents and Significant Events, are followed.

a. Reporting to the Department of Industrial Relations, Division of Occupational Safety and Health. The Division of Occupational Safety and Health (DOSH), otherwise known as Cal/OSHA, shall be notified by telephone within eight hours. Commands should log into the DOSH website at <https://www.dir.ca.gov/dosh/report-accident-or-injury.html> and follow the instructions to find the appropriate Enforcement Office to report the accident.

b. State Fund Notification. State Fund shall be notified by telephone as soon as possible at (888) 782-8338.

c. Injury Case Management Section Notification. The Injury Case Management Section Notification (ICMS) shall be notified through Personnel Management Division.

17. INJURIES TO JOB APPLICANTS. If an applicant reports a sustained injury or illness during the application process, occupational injury and illness reporting and routing procedures shall be initiated by the supervisor managing the application process. The CHP 121 documentation shall indicate the salary as “none” and the occupation as “job applicant.”

NOTE: Injuries and illnesses sustained by job applicants shall not be included in departmental occupational safety statistics.

18. INJURIES TO VOLUNTEERS. Section 3352 (i) LC and Section 2580.3 of the State Administrative Manual exclude volunteers from the definition of employee. Volunteers of the California Highway Patrol are therefore not entitled to departmental workers’ compensation benefits. However, pursuant to directives contained Section 3363.5(a) LC, if the volunteer’s governing agency adopted a resolution declaring the volunteer to be an employee of that agency, the volunteer may be eligible for workers’ compensation benefits through the governing agency. Documentation and subsequent case management of injuries and illnesses sustained by those volunteers shall be the responsibility of the governing agency.

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ANNEX A

CHP 121, EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS CHP 121 (Rev. 1-24) OPI 096		FILING THIS FORM IS NOT AN ADMISSION OF LIABILITY THIS FORM IS NOT TO BE COMPLETED BY THE EMPLOYEE CLAIMS REPORTING: fax to the State Compensation Insurance Fund Customer Service Center at 800-371-5905 PAGE 1 of 2		OSHA Case No. <input type="checkbox"/> Fatality	
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.		NOTICE: California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.			
E M P L O Y E R	1. DEPARTMENT Department of California Highway Patrol		1A. POLICY NUMBER 389 Uniform	PLEASE DO NOT USE THIS COLUMN	
	2. MAILING ADDRESS (Number, street, city, zip) P.O. Box 942898, Sacramento, CA 94298		2A. PHONENUMBER (916) 843-3130	CASE NUMBER	
	3. LOCATION, IF DIFFERENT FROM MAILING ADDRESS (Number, street, city, zip) 601 North 7th Street, Sacramento, CA 95811		3A. LOCATION CODE 033	OWNERSHIP	
	4. NATURE OF BUSINESS (e.g., painting contractor, wholesale grocer, sawmill, hotel, etc.) State Law Enforcement		5. STATE UNEMPLOYMENT INSURANCE ACCOUNT NUMBER N/A	INDUSTRY	
	6. TYPE OF EMPLOYER <input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> CITY <input type="checkbox"/> SCHOOL DIST. <input type="checkbox"/> OTHER GOVERNMENT - SPECIFY			OCCUPATION	
	7. DATE OF INJURY/ONSET OF ILLNESS (MM/DD/YY) 11/21/2019		8. TIME INJURY/ILLNESS OCCURRED 9:45 A.M. P.M.	9. TIME EMPLOYEE BEGAN WORK 800 A.M. P.M.	10. IF EMPLOYEE DIED, DATE OF DEATH (MM/DD/YY) n/a
11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		12. DATE LAST WORKED (MM/DD/YY) 05/01/2020	13. DATE RETURNED TO WORK (MM/DD/YY) n/a	14. IF STILL OFF WORK, CHECK THIS BOX <input checked="" type="checkbox"/>	
15. PAID FULL DAY'S WAGES FOR DATE OF INJURY OR LAST DAY WORKED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. SALARY BEING CONTINUED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	17. DATE OF EMPLOYER'S KNOWLEDGE/ NOTICE OF INJURY/ ILLNESS (MM/DD/YY) 05/01/2020	18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM (MM/DD/YY) 05/01/2020	
I N J U R Y O R I L L N E S S	19. SPECIFIC INJURY/ILLNESS AND MEDICAL DIAGNOSIS, if available (e.g., second-degree burns on right arm, tendinitis on left elbow, lead poisoning) complaint of pain to low back			19A. BODY PART AFFECTED	
	20. ADDRESS WHERE EVENT OR EXPOSURE OCCURRED 601 N 7th Street		20A. ZIP 95811	20B. COUNTY Sacramento	
	22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED (e.g., shipping department, machine shop) Building A - ORM		21. ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	21A. WAS ANOTHER PERSON RESPONSIBLE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	24. EQUIPMENT, MATERIALS, AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED (e.g., acetylene, welding torch, farm tractor, scaffold) printer paper boxes, dolly			23. OTHER WORKERS INJURED OR ILL IN THIS EVENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED (e.g., welding seams of metal forms, loading boxes onto truck) moving printer paper boxes from upstairs to ORM supply room				
	26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS (e.g., worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand). USE SEPARATE SHEET IF NECESSARY. On 11/21/2019, employee was assisting ORM staff move printer paper boxes using a dolly. After retrieving the boxes, employee removed boxes from dolly to stack on supply room floor in designated space. Felt a pull and reported on that day, but said they didn't feel they were injured. On 05/01/2020, employee advised they were still in pain and it is getting worse and they need to seek medical treatment.				
	27. NAME AND ADDRESS OF PHYSICIAN (Number and Street, City, Zip) Dr. P. Muscle, 1234 S Curve Lane, Sacramento, CA 95811		27A. PHONE NUMBER (999) 999-9999		
	28. HOSPITALIZED AS AN INPATIENT OVERNIGHT? IF YES, NAME AND ADDRESS OF HOSPITAL (Number and Street, City, Zip)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
			28A. PHONE NUMBER		
			29. EMPLOYEE TREATED IN EMERGENCY ROOM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of the employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29(b)(6)-(10) & 14300.35(b)(2)(E)2. Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2.*					
E M P L O Y E E	30. EMPLOYEE NAME (Last, First, Middle Initial) Merkel, Sean A.		30A. ID NUMBER 12345	31. SOCIAL SECURITY NUMBER 999-99-9999	
	33. HOME ADDRESS (Number and Street, City, Zip) 123 Heart Drive, Sacramento, CA 95811		32. DATE OF BIRTH (MM/DD/YY) 04/30/1970		
	34. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		35. OCCUPATION (Job title; no initials, abbreviations, or numbers) Officer	35A. CBID # BUS	36. DATE OF HIRE (MM/DD/YY) 02/15/1993
	37. EMPLOYEE WORK WEEK 8 HOURS PER DAY 5 DAYS PER WEEK 40 TOTAL WEEKLY HOURS		37A. EMPLOYMENT STATUS <input checked="" type="checkbox"/> Regular, full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> On strike <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Laid-off <input type="checkbox"/> Other		37B. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED? 8397
	38. GROSS WAGES/SALARY \$ 12,780 PER MONTH		39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g., tips, meals, overtime, bonuses, etc.)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	40. PERS/STRS MEMBERS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		41. CSID # (3-digit Division, 4-digit position or job classification, 3-digit serial number) 033-8397-000		
COMPLETED BY (TYPE OR PRINT) Sgt. S. Visor, ID 99999		SIGNATURE, RANK/TITLE, AND DATE			
* Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim, and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.					
FILING OF THIS REPORT IS NOT AN ADMISSION OF LIABILITY. A CLAIM FORM MUST BE GIVEN TO THE INJURED WORKER WITHIN ONE WORKING DAY OF YOUR KNOWLEDGE OF OCCUPATIONAL INJURY OR ILLNESS WHICH RESULTS IN LOST TIME OR MEDICAL TREATMENT.					

ANNEX A

CHP 121, EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS (continued)

<p style="font-size: small; margin: 0;">Complete the following questions as accurately as possible to the best of your knowledge, but do not delay submission of this form to State Fund. THIS FORM IS NOT TO BE COMPLETED BY THE EMPLOYEE.</p> <p style="text-align: center; margin: 0;">PAGE 2 of 2</p>		
<p style="font-size: x-small; margin: 0;">EMPLOYEE'S NAME (Last, First, Middle Initial)</p> <p>Merkel, Sean A.</p>	<p style="font-size: x-small; margin: 0;">ID NUMBER</p> <p>12345</p>	<p style="font-size: x-small; margin: 0;">AREA/UNIT</p> <p>033</p>
<p style="font-size: x-small; margin: 0;">42. EMPLOYER REPRESENTATIVE CONTACT INFORMATION (WHO IS THE BEST PERSON TO PROVIDE ADDITIONAL INFORMATION REGARDING THIS CLAIM?) (Full Name (Last, First, Middle Initial), Title, Phone Number, E-mail Address)</p> <p>Sgt. S. Visor, (999) 999-9999, SVisor@chp.ca.gov</p>		
<p style="font-size: x-small; margin: 0;">43. WERE THERE ANY WITNESSES TO THE ALLEGED INCIDENT OR INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN</p> <p style="font-size: x-small; margin: 0;">IF YES, WHAT IS THE WITNESS' CONTACT INFORMATION? (Full Name (Last, First, Middle Initial), Title, Phone Number, E-mail Address)</p> <p>Office Tech I. Witness, (999) 999-9999, IWitness@chp.ca.gov</p>		
<p style="font-size: x-small; margin: 0;">44. WAS THE INJURY CAUSED BY THE FAULT OF ANOTHER PERSON, A THIRD PARTY, OR BY A DEFECTIVE EQUIPMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN</p>		
<p style="font-size: x-small; margin: 0;">45. ARE YOU AWARE OF THE INJURED WORKER HAVING SECONDARY EMPLOYMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN</p>		
<p style="font-size: x-small; margin: 0;">46. ARE THERE ANY DISPUTES REGARDING THE INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN</p>		
<p style="font-size: x-small; margin: 0;">47. ADDITIONAL FACTUAL INFORMATION THAT IS RELEVANT TO THIS CLAIM</p> <p>121E attached from original incident. 3301/CHP121B provided to employee on 05/01/2020 upon notice they wanted to seek medical treatment for the 11/21/2019 incident. Employee completed and returned documents same day.</p>		
<p style="font-size: x-small; margin: 0;">48. EMPLOYEE'S SIGNATURE</p>		<p style="font-size: x-small; margin: 0;">DATE</p>
<p style="font-size: x-small; margin: 0;">49. COMMANDER'S OR ALTERNATE'S SIGNATURE</p>		<p style="font-size: x-small; margin: 0;">DATE</p>
<p style="font-size: x-small; margin: 0;">NAME AND RANK/TITLE (type or print)</p>		

ANNEX B

INJURY OR ILLNESS REPORTING AND ROUTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> Supervisor of injury or illness <u>Provide Supervisor:</u> Work status note (if applicable)	As soon as possible
	<u>Complete and Return:</u> e3301 CHP 121B	As soon as possible after receiving from supervisor
	<u>Sign Field Medical File Copy:</u> CHP 121	Within 24 hours
Supervisor	<u>Provide Employee:</u> e3301 CHP 121B	Within 24 hours of Employee Notice of Injury/Illness
	<u>Complete and Sign:</u> CHP 121 <u>Provide Employee:</u> CHP 600 CHP 601	Within 24 hours of receipt of SCIF 3301
Commander or Designee	<u>Review with Employee:</u> Commander's Memorandum and Attachment	Within 24 hours
	<u>Review and Sign:</u> CHP 121	Within three days
	<u>Ensure:</u> OSHA No. 200 Log documentation	Within six workdays

ANNEX B

INJURY OR ILLNESS REPORTING AND ROUTING (*continued*)

Routing:

e3301, CHP 121, CHP 121B,
work status (if applicable):

Employee's Field Medical File
Division
Injury Case Management Section
Command OSHA No. 200 Log File (121 only)
SCIF

- Fax with SCIF cover sheet to (800) 371-5905 -or-
- E-mail to CSCnewclaim@scif.com
*Do not hold sending to SCIF for edits or
signatures once e3301 submitted by employee

e3301, CHP 600, CHP 601,
Commander's Memorandum and
Attachment:

Employee
Employee's Field Medical File

ANNEX C

CHP 121E, SUPERVISOR'S INCIDENT REPORT - RECORD ONLY

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL					Distribution: Copy - ICU Copy - File
SUPERVISOR'S INCIDENT REPORT - RECORD ONLY					
CHP 121E (New 7-18) OPI 033					
AREA/LOCATION CODE 033-Office of Risk Management	NATURE OF INCIDENT Lifting	PART OF BODY Lower Back	DATE OF OCCURRENCE 11/21/2019	TIME OF OCCURRENCE 0945 hours	
EMPLOYEE NAME Sean A. Merkel	I.D. NUMBER 12345	AGE 49	SEX Male		
ASSIGNMENT Risk Management Unit-Analysis	POSITION Officer	DATE OF HIRE 02/15/1993			
WHERE DID INCIDENT OCCUR? Incident occurred in Office of Risk Management (ORM) copy room.					
WHAT WAS EMPLOYEE DOING WHEN INCIDENT OCCURRED? Employee was moving boxes of printer paper and felt a pull in the lower back.					
DESCRIBE THE INCIDENT/HOW DID THE INCIDENT OCCUR? Employee was assisting ORM staff in moving printer paper boxes. After bringing down 3 boxes, using our ORM dolly, the employee had to physically remove the boxes from the dolly and stack them on the floor. After stacking the boxes, the employee noticed slight pain and stated he felt something "pull" in his back.					
MY SUPERVISOR AND I HAVE DISCUSSED THE ACCIDENT/INCIDENT AND MY INPUT IS REFLECTED IN THE ANALYSIS AND CORRECTIVE ACTION. I FEEL THAT THE FOLLOWING SHOULD BE DONE TO PREVENT RECURRENCE OF THIS ACCIDENT/INCIDENT. <input type="checkbox"/> I AM TAKING THE FOLLOWING ACTION TO PREVENT RECURRENCE <input checked="" type="checkbox"/> I RECOMMEND THAT THE FOLLOWING STEPS BE TAKEN TO PREVENT RECURRENCE Discuss proper lifting techniques with all ORM staff during next all-staff meeting.					
DATE ACTIONS/STEPS TO BE TAKEN Staff meeting will be held first quarter 2020.					
SUPERVISOR'S NAME	SUPERVISOR'S SIGNATURE	DATE			
MANAGER'S REVIEW					
DO YOU CONCUR WITH SUPERVISOR'S REVIEW? Yes. Incident was unavoidable and the employee was using all available equipment to lift and move the boxes safely.					
MANAGER'S NAME	MANAGER'S SIGNATURE	DATE			
TO BE COMPLETED BY EMPLOYEE INVOLVED IN ACCIDENT/INCIDENT					
I WILL ALSO IMMEDIATELY NOTIFY MY SUPERVISOR IF THIS INCIDENT RESULTS IN A LOSS OF TIME OR THE NEED FOR MEDICAL TREATMENT. BY SIGNING THIS FORM, I DECLARE THAT THIS INCIDENT DOES NOT CURRENTLY RISE TO THE LEVEL REQUIRING MEDICAL TREATMENT OR A 3301, COMPLETION OF A WORKERS' COMPENSATION CLAIM FORM (DWC-1) (SCIF 3301).					
EMPLOYEE'S NAME	EMPLOYEE'S SIGNATURE	DATE			

Chp121E_0718.pdf

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ANNEX D

INCIDENT EXPOSURE REPORTING AND ROUTING; NO INJURY

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> Supervisor of incident or exposure <u>Sign Field Injury File Copy:</u> CHP 121E	As soon as possible Within 24 hours
Supervisor	<u>Complete and Sign:</u> CHP 121E	Within 24 hours
Commander or Designee	<u>Review and Sign:</u> CHP 121E	Within three days

Routing:

121E: Employee's Field Medical File
 Division
 Injury Case Management Section

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ANNEX F

COMMANDER'S MEMORANDUM AND ATTACHMENT

State of California

Transportation Agency

Memorandum

Date: August 29, 2024

To: South Sacramento
Attention: Officer Sean A. Merkel, ID #12345

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
South Sacramento Area

File No.: 252.34567.A12345. Commandltr

Subject: ASSISTANCE WITH EMPLOYEE OCCUPATIONAL INJURY/ILLNESS
CASE MANAGEMENT

The purpose of this memorandum is to inform you of my intent to assist you in the management of your occupational injury/illness case. I will maintain ongoing communications with you and facilitate your return to work as soon as medically appropriate.

Attached is information describing departmental policy, procedures, and employee rights and responsibilities relevant to occupational injury and illness case management. Refer to Highway Patrol Manual 10.7, Injury and Illness Case Management Manual, for detailed information.

It is departmental policy, and my intent, to ensure you receive appropriate workers' compensation benefits. Should you have any questions or concerns regarding your injury/illness case, feel free to contact me, your supervisor, Injury Case Management Section, and/or the State Fund adjuster assigned to your case. If you have retained the services of an attorney to assist in managing your injury/illness case, you must obtain the attorney's authorization to speak with the State Fund adjuster.

X. J. SMITH, Captain
Commander

Attachment

Safety, Service, and Security
CHP 51 (Rev. 06/2013) OPI 076



An Internationally Accredited Agency

ANNEX F

COMMANDER'S MEMORANDUM AND ATTACHMENT (*continued*)

COMMANDER'S MEMORANDUM REGARDING ASSISTANCE WITH EMPLOYEE OCCUPATIONAL INJURY OR ILLNESS ATTACHMENT

PURPOSE:

This attachment serves to provide you with a brief description of departmental policy, procedures, and employee rights and responsibilities relevant to occupational injury and illness case management. Refer to Highway Patrol Manual 10.7, Injury and Illness Case Management Manual, for detailed information.

OCCUPATIONAL INJURY AND ILLNESS CASE MANAGEMENT PROGRAM OBJECTIVES:

- Benefits. To provide appropriate workers' compensation benefits to employees. Workers' compensation benefits include prompt and proper medical care, disability leave and/or retirement.
- Reporting. To effectively report injuries and illnesses within designated time frames.
- Communication. To maintain ongoing communication with employees who are off duty as a result of an occupational injury or illness.
- Return to Work. To return employees to work as soon as medically appropriate.

DEPARTMENTAL ASSISTANCE:

The Department is committed to ensuring you receive appropriate workers' compensation benefits. You should report any incident(s) of unsatisfactory service to your supervisor as soon as possible. Questions regarding your injury or illness case should be directed to your supervisor and/or the appropriate Injury Case Management Section specialist.

STATE FUND:

State Fund is responsible for determining if an injury or illness claim will be accepted as occupational. Commanders are required to, and supervisors may, maintain ongoing communication with State Fund to cooperatively manage injury and illness cases. You may contact State Fund directly to discuss your injury or illness case and obtain a medical care provider and/or facilities referral list. However, if you have retained the services of an attorney to assist in managing your case, you must obtain their authorization prior to speaking with State Fund.

WORKERS' COMPENSATION APPEALS BOARD:

You may contact the Workers' Compensation Appeals Board (WCAB), Office of Information and Assistance, to obtain impartial advice regarding your injury or illness case. The Office of Information and Assistance may also assist in resolving any disputes that may occur between you, State Fund, your attorney, and others in the injury and illness case management process.

WORKERS' COMPENSATION APPEALS BOARD (WCAB) HEARINGS AND TRIALS:

You or your attorney may request a WCAB hearing and/or trial to resolve benefit disputes with State Fund.

ANNEX F

COMMANDER'S MEMORANDUM AND ATTACHMENT (*continued*)

INJURY AND ILLNESS REPORTING AND ROUTING PROCEDURES:

Reporting and routing procedures for injuries and illnesses vary based on the severity of the claim. A status change of an injury or illness requires additional reporting and routing procedures.

RIGHTS AND RESPONSIBILITIES:

- Reporting. Employees shall report injuries or illnesses, recurrences or aggravations of injuries or illnesses, or status changes of injuries or illnesses to their supervisors as soon as possible.
- Medical Care. Employees have the right to predesignate a preferred medical care provider and/or facility on their CHP 242, Employee Predesignation of Treating Physician. If a preference is not documented, State Fund or the California Highway Patrol (CHP) may choose a medical care provider from the Medical Provider Network (MPN). If unsatisfied with the care received, the employee may select another medical care provider from the MPN. The employee shall notify State Fund if they change medical care providers and/or facilities. The predesignation of a medical care provider shall not supersede the Department's responsibility to provide prompt and proper medical care. Employees shall advise medical care providers if an injury or illness is believed to be occupational.
- Medical Appointments. Supervisors, if practical, shall accompany employees to their initial medical appointments and discuss work capability with the employee's medical care provider. Supervisors shall not attempt to be present when employees are being examined by medical care providers. The possibility of assignment to limited duty when medically appropriate shall be reviewed with medical care providers and an estimated date of return to duty obtained. Discussion between supervisors and medical care providers shall be briefly documented in the comments section of the CHP 121, Employer's Report of Occupational Injury or Illness.
Uniformed employees who are off duty as a result of an industrial or nonindustrial injury or illness where a physician has diagnosed that the employee is not capable of performing the California Highway Patrol Officer 14 Critical Physical Activities shall not engage in any activity requiring the use of peace officer powers.
- Communication with Commanders. Employees who are off duty as a result of occupational injuries and illnesses shall maintain ongoing communication as deemed appropriate by their commanders. Employees shall inform their commanders of where and how they may be contacted. Employees shall report to their commander the use of prescription medication which might be reasonably expected to adversely affect their job performance.
- Employee Tracking System. Commanders shall maintain a tracking system of all employees who are assigned limited duty or are off duty as a result of an occupational injury or illness. The purpose of the tracking system is to provide a readily accessible means of identifying those employees and providing status updates.

ANNEX F

COMMANDER'S MEMORANDUM AND ATTACHMENT (*continued*)

- Required Notification. Commanders shall provide notification, following current procedure, to the appropriate Assistant Commissioner, Division commander, Injury Case Management Section, and Human Resources Section (Compensation Unit) of any employee duty/disability status change.
- Secondary-Employment Requests. Commanders may require written authorization from employee's medical care providers indicating their secondary employment will not affect their ability to recover in those cases where employees are on sick leave, assigned to limited duty, or placed off duty due to medical conditions. Additionally, employees shall notify their supervisors if their secondary employment is affecting their ability to recover. Commander shall reinstate suspended secondary-employment requests upon receipt of written authorization from employee's medical care providers indicating the secondary-employment will not impede the employee's ability to recover.
- Return to Work. Employees shall return to full or limited duty as soon as medically appropriate.
- Limited Duty/Return to Work Policy. Commanders shall maintain ongoing communication, as appropriate, with the employee's medical care providers and ensure that temporarily disabled employees return to work in a limited duty capacity as soon as medically appropriate. Commanders shall assign appropriate limited duty based on the employee's medically approved activities, employee skills, and the needs of the Department. A vacant employment position need not exist when assigning limited duties. The duration of the limited-duty assignment shall be directed by the nature of the injury or illness and the needs of the Department on a case-by-case basis not to exceed two years.
- Effective Date of Return to Full Duty. Employees shall be returned to full duty upon their command's receipt of written authorization from the employee's medical care provider and/or in accordance with the estimated date of return to full duty documented on the employee's CHP 443, Limited Duty Assignment-Physician's Report.

ADDITIONAL INFORMATION:

A CHP 600, Right to Privacy Instructions Relative to Occupational Injuries/Illnesses and Vehicle Accident Reports, and CHP 601, Coping with Your Injury, contains additional information regarding workers' compensation benefits.

ACKNOWLEDGMENT:

Employee's Signature

Date