STATE OF ALABAMA

Public Education Employee Injury Compensation Board

Form FR-1
(Rev. 2026)

First Report of Injury

Please Submit This Form Along with the Employee's Accident Report Immediately.
PEEICB@MRM-LLC.COM or Fax: (205) 777-6097

1. Name of Injured Employee Last First MI	2. SSN ___ - __ - ____	3. Date of Birth __ / __ / ____	4. Sex ☐ M ☐ F
5. Employee Mailing Address No. and Street City or Town State Zip	6. Employee Phone Home Cell Work	Employee Work Hours: From: _____ To: _____ Normal Scheduled Days Off: ☐MO ☐TU ☐WE ☐TH ☐FR ☐SA ☐SU	
7. Job Title			
8. Employee Email address	9. Employment Status ☐ Full Time ☐ Part Time ☐ Adult Bus Driver		
10. Employer	11. School District		
12. Employer Address City or Town State Zip			

13. Date of Injury	14. Date Employer Notified	15. Time of Injury __:____ ☐ AM ☐ PM	16. On Employer's Premises? ☐ Yes ☐ No	17. Health Insurance Coverage PEEHIP ☐ VIVA ☐ Other ☐

18. Has the injury or illness resulted in medical treatment? ☐ Yes ☐ No

If yes, name and address of medical provider/facility.

19. Exact location where injury occurred include street address, building, room, parking lot, etc., if possible.

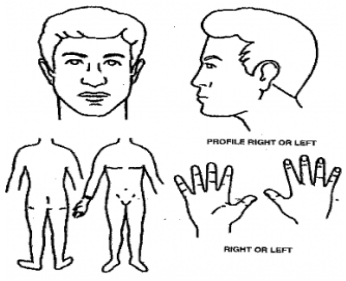
20. Was injury caused by a motor vehicle accident? ☐ Yes ☐ No If yes, provide copy of police report to PEEICB.

21. Was more than one person injured in this incident? ☐ Yes ☐ No If yes, provide name(s):

22. Describe exactly what the injured employee was doing and how the accident occurred.

23. Describe the injury (ies) received. Indicate if cut, bruise, sprain, strain, twist, pull, etc. (Give details below):

_____
_____
_____
_____
_____
_____



Indicate the body part(s) affected below and by circling on the body chart at left.

☐ Head	☐ Eye(s)
☐ Left Arm	☐ Right Arm
☐ Left Hand	☐ Right Hand
☐ Left Leg	☐ Right Leg
☐ Back	☐ Neck
☐ Left Foot	☐ Right Foot
☐ Left Knee	☐ Right Knee
☐ Left Ankle	☐ Right Ankle

☐ Other _____

24. Name all witnesses (Use additional paper as necessary):
Name _____ Daytime Phone _____
Name _____ Daytime Phone _____

I am the supervisor of the employee making the claim for PEEICB benefits and have filled out this First Report of Injury based on the information that has been reported to me. I certify that the above information is true and correct to the best of my knowledge.

25. Signature of individual reporting incident	Print Name and Email	Daytime Phone	Date