

**INSTRUCTIONS FOR COMPLETING WORKERS' COMP  
ACCIDENT AND INJURY REPORT**

1. Complete electronically the **Employer's Report of Occupational Injury or Disease and the Corrective Action Report**;
2. Use "Save As" Option in the following format:  
**CLAIMANT'S LAST NAME – DATE OF LOSS – saving in a computer file for your records and then;**
3. Send the electronically completed form for processing via e-mail to the following:  
[dmarinelli@excaliburinsmgmt.com](mailto:dmarinelli@excaliburinsmgmt.com)  
[Andy.Check@luzernecounty.org](mailto:Andy.Check@luzernecounty.org)  
[mallabaugh@luzernecounty.org](mailto:mallabaugh@luzernecounty.org)  
[John.Ankenbrand@luzernecounty.org](mailto:John.Ankenbrand@luzernecounty.org)

**If you have any questions please contact Human Resources at 825-1509.**