

# Accident Report Quick Guide

First, go to [froi.sedgwick.com](http://froi.sedgwick.com) using a computer or mobile device web browser.

Click: *Continue without Logging in*



## Email Notification Address Fields

The Workers' Compensation team within Virginia Tech Human Resources will automatically receive submission confirmation emails. These addresses are visible at the top of the form. Below this is a space you may add additional email addresses to receive the submission emails. For example, forms can be sent to an injured worker as confirmation of claim submission.

## Employer Section

- Under the Employer area, scroll down the list and pick your Agency (208 – VPI STATE UNIVERSITY), Sub-Agency, Dept.
- Can leave Employer Case Number blank

## Employee Section

- Complete the personal information for the injured party in this section.
- Employee ID: Place the Virginia Tech 9-digit employee ID here.
- "NCCI occupation classification" will auto-populate based on the "Occupation at time of injury or illness" field.

## Time and Place of Accident Section

- Record in detail, the time and place of the accident and injury reporting.
- Claim types:
  - Record only: No time lost, no physician/hospital care needed
  - Medical only: Physician/hospital care needed; no time lost or less than 7 days expected
  - Indemnity: More than 7 days of lost time expected.

## Nature and Cause of Accident Section

- Describe in detail the accident being reported.
- Drop-down options may not include an exact match for the particular incident; use your best judgement.
- If employee sought medical treatment, please include physician and/or facility details.
- "Comments to carrier claim staff" is a section to provide any further information that does not fit elsewhere.
- Initial Treatment choices description:
  - 00 - No medical treatment at all.
  - 01 - Minor First Aid on site
  - 02 - Urgent Care facility / clinic other than ER/physician.
  - 03 - Emergency Room
  - 04 - Admitted to Hospital
  - 05 - Expecting future significant medical care and lost time.

## Preparer Information

- This should be the information for who is completing the form. Please include at least one method of contact.

## Submitting the Form

- Click the **Submit** button. A small pop up window will display "Success!" or "Warning" if there are fields that need correction.
- Click "OK" to acknowledge. Emails will be sent to Approvers and any address in the 1st field.
- PDF copies of the form can be downloaded via the link at the bottom of the page.

## Required Fields

Orange underlined fields (\*) are required for submitting a form. They are critical elements needed to properly set up and process the claim. Please also fill in non-required fields if at all possible, however if you do not have this information, the Workers' Compensation team can add it once it we receive it.