



First Report of Injury, Occupational Disease, or Death (FROI)

Submit the form to BWC in one of the following ways. Online: www.bwc.ohio.gov, Fax: 1-866-336-8352, Mail: BWC Mail Processing Center, Attn: Claims, 30 W. Spring St. Columbus, OH 43215
Note: If you work for a self-insuring employer, submit this form to your employer's workers' comp manager.

Form with multiple sections: Injured worker information, Accident description, Date of death, To be completed by the injured worker, To be completed by the treating provider, To be completed by the employer, and To be completed by the submitter if the form is completed by someone other than the injured worker, treating physician, or employer.