



Tennessee Bureau of Workers' Compensation
220 French Landing Drive, I-B
Nashville, TN 37243-1002
800-332-2667

STATISTICAL DATA FORM FOR INJURIES ON/AFTER JULY 1, 2014—Form SD-2

EMPLOYEE INFORMATION

Docket # _____ State File # _____ Date of Injury _____
 Employee's Last Name _____ First Name _____ MI _____
 Social Security # _____ Date of Birth _____ Date of Hire _____
 Education Level *Less Than High School* *High School* *More than High School*

CLAIM/INJURY INFORMATION

Employer _____ Is Employer Self-Insured? Yes No
 Is Employer a member of the Bureau's Tennessee Drug Free Workplace Program? Yes No
 Insurer _____ TPA _____
 Injury occurred in TN Yes No County of Injury _____
 First date out of work _____ Date of return to work _____ Total # of days lost _____
 Date of MMI _____ ATP Impairment Rating % _____
 Average Weekly Wage _____ Compensation Rate _____
 Was claim denied? Yes No If yes, basis of denial? *Statute of Limitations* *Notice* *Not Work-Related*
 Vocational Assessment performed? Yes No *Intoxication/+ Drug Test* *Other (Specify)* _____
 Nature of Primary Injury/Body Part _____ Occupational Illness? Yes No
 Chiropractic Treatment? Yes No Physical Therapy? Yes No Case Manager? Yes No
 Was there an Employee IME? Yes No If yes, Impairment Rating % _____
 Was there an Employer IME? Yes No If yes, Impairment Rating % _____

SETTLEMENT / HEARING INFORMATION

Type of Conclusion: **Compensation Hearing** **Settlement Approval**
 Was Bureau Mediation conducted? Yes No If yes, was dispute resolved in mediation? Yes No
 If concluded by a Compensation Hearing: Date of Hearing _____
 Style of Case _____
 Name of Approving/Hearing Judge _____
 Date of Settlement Approval _____ Impairment Rating % used to settle the claim _____
 Has Initial Compensation Period expired? Yes No If no, date this Period will expire _____
 PPD increased benefits awarded? Yes No Vocational Impairment for Increased Benefits _____ %
 If yes, check all that apply: Did not return to work 40+ years old Unemployment Rate Education level
 Was there a trial for increased benefits? Yes No Was there a judgment for increased benefits? Yes No
 Was there a judgment for the Employer? Yes No If yes, what was the basis: Notice Not work related
 Statute of limitations No permanency Intoxication Willful Misconduct Other _____
 Did Employee return to work for any Employer? Yes No If yes, was return to work pay Higher
 Was claim settled pursuant to T.C.A. §50-6-240(e)? Yes No Same Less

