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

SUBSEQUENT INJURY AND VOCATIONAL RECOVERY FUND INFORMATION

Was there a judgment entered against the Subsequent Injury and Vocational Recovery Fund? ☐ Yes ☐ No

If there was a judgment against the Subsequent Injury and Vocational Recovery Fund, how was the settlement apportioned?

Employer %_____ # of Weeks_____ Subsequent Injury and Vocational Recovery Fund %_____ # of Weeks____

MONETARY AMOUNTS PAID

Temporary Total Disability		# of weeks, or # of days	$ 0.00
Temporary Partial Disability		# of weeks, or # of days	$ 0.00
Permanent Partial Disability	PPD %	# of weeks, or # of days	$ 0.00
Permanent Total Disability (including those to be paid)	PTD %	# of weeks, or # of days	$ 0.00
Increased Permanent Partial Disability Benefits			$ 0.00
Death Benefits (including those to be paid)			$ 0.00
Burial Benefits			$ 0.00
Medical Benefits			$ 0.00
Future Medical Expenses Closure	Date closed	After prior settlement? ☐ Yes ☐ No	$ 0.00
Lump Sum per T.C.A. §50-6-240(e)			$ 0.00
Total Paid for all above columns			$ 0.00
Amount of Settlement Paid in Lump Sum: $ (do not include this amount in total)		Date Settlement Lump Sum Paid:	

Employee's Attorney Fee $_____ % of Settlement_____ Was fee approved by Court? ☐ Yes ☐ No

Employer's Attorney Fee Range ☐ **Under $1,500** ☐ **$1,501-$3,000** ☐ **$3,001-$10,000** ☐ **Over $10,000**

CERTIFICATION AND SIGNATURES

By providing my BPR Number and my signature, I hereby certify that I have read the contents of the form and the information provided is true and correct to the best of my knowledge.

Printed name of Employee Signature Date

Printed name of Employee's Attorney BPR# Signature Date

Printed name of Adjuster Signature Date

Printed name of Employer's Attorney BPR# Signature Date

Reset