

**KENTUCKY DEPARTMENT OF WORKERS' CLAIMS**  
**Frankfort, KY 40601**

Workers' Compensation Claim No. \_\_\_\_\_

**IF THIS FORM IS NOT PROPERLY COMPLETED, IT WILL BE RETURNED.**  
**Every section should be filled in. If a section is not applicable, fill in the blank with N/A.**

\_\_\_\_\_  
Plaintiff/Employee

\_\_\_\_\_  
Defendant/Employer

1. For the alleged safety violation pursuant to KRS 342.165, state the safety rule(s), regulation(s), statute(s), or orders the employee is alleged to have failed to follow or obey:

- \_\_\_\_\_
2. If it is to be alleged the employee intentionally failed to use a safety appliance furnished by the employer, state the safety appliance (if not, state "N/A"):

- \_\_\_\_\_
3. State the facts as to how the alleged failure by the employee to use a safety appliance furnished by the employer or to obey a safety rule, regulation, statute or order caused, in any degree, the accident to occur.

- \_\_\_\_\_
4. The following *SVE attachments* should be submitted, if applicable and available:
    - a. Accident report
    - b. OSHA, MSHA or other report of investigation
    - c. Any safety manual, employee handbook or other document provided to the employee by the employer relative to the use of the subject safety appliance, rule, regulation, statute or order

This the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Attorney (signature) for Defendant/Employer