



Franklin County

**BOARD OF  
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# FRANKLIN COUNTY INJURY PACKET

## FEBRUARY 2026

### In This Packet You Will Find:

- ▶ What to do if you are injured
- ▶ Who to call if you have questions
- ▶ Accident Report Form for Injured Employees (*ARFIE*)
  - *Injured Employee Information*
  - *Accident Information*
  - *Supervisor Section*
  - *Witness Statements*
- ▶ Answers to Frequently Asked Questions (*FAQs*)



## ACCIDENT REPORT FOR INJURED EMPLOYEES (ARFIE)

# ACCIDENT REPORT FOR INJURED EMPLOYEES (ARFIE)

**Important:** In the event of a work-related injury or illness, the injured employee should obtain first aid as needed and notify their supervisor of the incident as soon as possible.

### READ THESE INSTRUCTIONS BEFORE PROCEEDING

The Employee Accident Report must be completed for all work-related injuries or illnesses within 24 hours of the incident. To ensure access to all required forms and resources, the report must be initiated through the Risk Management page of the Franklin County Human Resources website. Please complete the form electronically or print clearly in ink.

Website: <https://www.franklincountyohio.gov/Agency-Directory/Human-Resources/Risk-Management-Workers-Compensation/Forms-Reporting-Procedures>

**If you seek medical treatment for this injury, you are required to complete the BWC First Report of Injury (FROI) and a Medical Information Release.**

### Employee Responsibilities:

1. Seek medical treatment if necessary. [Click Here](#) for a list of Certified Medical Providers by location.
2. Notify the supervisor / designated person in charge.
3. Fully complete the employee information and accident information sections. Sign and date the report.
  - a. If you seek treatment, complete the following forms (Click Links Below):
    - i. [First Report of Injury \(FROI\)](#)
    - ii. [Medical Information Release](#)
    - iii. [Physicians' Report of Work Ability \(MEDCO-14\)](#)
      1. If you have missed work as a result of your injury, or need light duty restrictions, your provider must complete a Medco-14 in order to return to work. When you attend your initial appointment, have your doctor complete this form and fax directly to Risk Management (614) 525 - 5715 or email to [risk@franklincountyohio.gov](mailto:risk@franklincountyohio.gov).
  - b. If treatment is sought and a prescription is needed, [click here](#) for the Pharmacy Card and additional information.
4. Give the form to your supervisor for signature and completion of the supervisor section of the incident report.

### Supervisor / Manager Responsibilities:

1. If the employee needs or desires medical treatment, assist in the arrangement of appropriate care.
2. Review the report and sign as indicated.
3. Complete the supervisor's accident analysis report.
4. Make a copy of the report for your records and provide the original to the employee.

Immediately submit a copy of the completed forms to Risk Management by either:  
Email: [risk@franklincountyohio.gov](mailto:risk@franklincountyohio.gov)  
Fax: (614) 525 - 5715

### WORKERS' COMPENSATION RIGHTS

Employees have the right to apply for workers' compensation benefits. An employee has one year from the date of injury to do so. For more information regarding workers' compensation, call (614) 525 - 4642. For additional information and resources on reporting an injury, visit the Franklin County Risk Management website.





ACCIDENT REPORT FOR INJURED EMPLOYEES (ARFIE)

SECTION THREE: Supervisor Section

1. Was the injured employee able to return to work the same day the incident occurred? [ ] Yes [ ] No [ ] Unknown

If no, what was the last date employee worked? \_\_\_\_\_

2. Did the injured employee complete Section 1 and 2? [ ] Yes [ ] No

If no, the employee's Supervisor should fill out Sections 1 and 2 of this form to the best of their ability and explain why the employee was unable to complete Sections 1 and 2. Please provide as much detail as possible.

3. Did the injury result in a death, amputation, hospitalization, or loss of an eye? [ ] Yes [ ] No

4. What is the date of death if death occurred? \_\_\_\_\_

All Franklin County agencies must comply with this requirement as follows:

- i. The Agency Elected Official, Director, or other designated management representative shall report within 8 hours to the County Administrator any death of an employee from a work-related incident.
ii. The Agency Elected Official, Director, or other designated management representative shall report within 24 hours to the County Administrator a work-related incident resulting in:
a. The hospitalization of one or more employees b. An amputation c. Loss of an eye
iii. If the Agency Elected Official, Director, or other designated management representative does not learn of a reportable incident at the time it occurs, the incident shall be reported to the County Administrator within 8 hours of the time the incident is discovered.
iv. The County Administrator shall consult with the County Prosecutor regarding any workplace death, incidents resulting in hospitalization, and / or any amputation or loss of an eye, after which a determination will be made as to whether the work-related incident is reportable to PERRP.

IMPORTANT NOTE: The determination whether the incident is work-related and / or reportable resides exclusively with the County Administrator and County Prosecutor. All incidents that appear to apply to the above (A) and (B) or (C) should be reported in a timely manner as directed above.

5. How can future incidents be prevented?
What changes do you suggest to prevent this incident from happening again?

- [ ] Guard the Hazard [ ] Train the Employee(s) [ ] Train the Supervisor(s)
[ ] Redesign task steps [ ] Routinely Inspect for the Hazard [ ] Personal Protective Equipment
[ ] Consideration of new policy / procedures [ ] Unavoidable Incident
[ ] Other / Comments or Suggestions:

Empty rectangular box for additional comments or suggestions.

6. List of names of witnesses to the accident / injury. Provide witness statements.

Witness 1: \_\_\_\_\_ Full Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Witness 2: \_\_\_\_\_ Full Name \_\_\_\_\_ Phone Number \_\_\_\_\_

7. Supervisor's Certification and Signature:

As supervisor or other management representative of the injured employee, I have reviewed this accident report and confirm that my statements are complete and truthful to the best of my knowledge.

\_\_\_\_\_  
Supervisor Printed Name Supervisor Signature Date

Please return completed ARFIE to Risk Management via email risk@franklincountyohio.gov or via fax to (614) 525 - 5715. If you have questions or require additional information, please call (614) 525 - 4642.

Case No. From PERRP Log: \_\_\_\_\_

ACCIDENT REPORT FOR INJURED EMPLOYEES (ARFIE)

**SECTION FOUR: Witness Statement**

Name of Injured Employee: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Location Where Incident Occurred: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_

1. What were you (the witness) doing at the time of the incident?

2. How and when did you become aware of the incident?

3. What did you hear at the time of the incident?

4. Describe what you saw at the time of the incident:

5. Who else was present?

6. Please relate any additional information you have concerning the incident:

Witness's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Please return completed ARFIE to Risk Management via email [risk@franklincountyohio.gov](mailto:risk@franklincountyohio.gov) or via fax to (614) 525 - 5715. If you have questions or require additional information, please call (614) 525 - 4642.

## SECTION FIVE: Frequently Asked Questions

Our goal is to keep you safe while you go about your workday. If you suffer from a workplace injury or illness, we want you to have immediate access to quality medical care. We are dedicated to working with you and your healthcare providers to ensure you receive the necessary treatment so you can return to work and your normal routines as soon as it is safe. Franklin County is self-insured for Workers' Compensation Claims and complies with all requirements set by the Ohio Bureau of Workers' Compensation. The County has contracted with Sedgwick to manage all workers' compensation claims, including medical billing, lost wages, and medical reports.

### **\*\*IMPORTANT LEGAL REQUIREMENT\*\***

State law mandates that all workplace fatalities, hospitalizations, amputations, or loss of an eye must be reported to the Public Employers' Risk Reduction Program (PERRP). Take immediate action – The agency's elected official, director, or management representative must report any employee death within 8 hours to the County Administrator.

The same officials must report work-related incidents resulting in:

- a. Hospitalization of one or more employees
- b. An amputation
- c. Loss of an eye

Within 24 hours to the County Administrator

i. What is modified duty, and when does it apply?

Modified duty (light duty work) is when the injured employee can return to their regular job with the County, but the Agency may need to make adjustments to accommodate the restrictions that are provided by the physician of record (POR) on a Physician's Report of Work Ability Form (Medco-14).

ii. Do I need to complete the Accident Report (ARFIE) when I experience an accident, injury, or illness on the job?

Yes, an ARFIE must be completed within 24 hours of the accident, injury, or illness.

iii. Can I see any medical provider, and how can I locate a medical provider?

You must see an Ohio BWC Certified Provider for all treatment. The physician of record (POR) is similar to your primary care provider and will direct and request all treatment, such as physical therapy, diagnostic testing, specialist referrals, etc.

Before you seek medical treatment with your family physician, please confirm if the doctor is willing to be your physician of record (POR) for the workers' compensation claim. A list of providers to choose from has also been provided by Risk. See Providers List.

Please contact Risk Management if you need assistance.

iv. How long until I receive temporary total disability?

With an approved claim, TTD begins on the eighth (8th) calendar day following the injury or illness. If you are off work for 14 consecutive days, you will pick up the first 7 days. BOC agency employees may be eligible for injury leave pay for the first seven (7) days. See Employee BOC Handbook ([Click Here](#)).

v. Who do I contact when I have questions about my claim or compensation payments?

You may contact Risk Management at (614) 525 - 4642 or Sedgwick at 1 (800) 267 - 4001 for questions or concerns about your claim.

vi. What happens if my claim is denied?

If Franklin County denies your workers' compensation claim, your claim will be filed by Sedgwick with the Ohio Bureau of Workers' Compensation (BWC). You will be notified of the denial. The claim will be referred to the Industrial Commission (I.C.) of Ohio for a hearing.

vii. Will I owe a copay or deductible payment for medical treatment?

You will NOT be responsible for any copays or deductibles under workers' compensation.

**SECTION FIVE: Frequently Asked Questions**

viii. Who pays for my medical bills?

All medical bills will be processed through Sedgwick. Medical Providers should be faxing or electronically transmitting bills directly to Sedgwick. The Sedgwick fax number for bills is (855) 223 - 9836. Medical Services such as consultations, surgeries, physical therapy, and diagnostic testing need to be pre-authorized. Your provider should complete a C9 form and send it to Sedgwick for review and determination.

ix. When my employee is injured on the job, what are my responsibilities as a supervisor?

Make sure the employee completes their portion of the injury report (ARFIE) within 24 hours. As the supervisor, you should be completing the supervisory section of the injury report. Fax or email the injury report to Risk Management.

Before you seek medical treatment, please confirm if the doctor is willing to be your physician of record (POR) for the workers' compensation claim. Please contact Risk Management if you need assistance.

x. If I have a lost time claim, who pays for my salary when I am unable to work?

With an approved claim, Sedgwick will issue all compensation payments, including temporary total disability benefits, to you on behalf of Franklin County. You must provide documentation requesting the benefit. Please complete and sign a C-84 form and return it to Sedgwick or Risk at [risk@franklincountyohio.gov](mailto:risk@franklincountyohio.gov).

If you have any questions or concerns, please reach out to the Franklin County Risk Management Team using the contact information below:

- **Risk Management**

- Email: [risk@franklincountyohio.gov](mailto:risk@franklincountyohio.gov)
- Fax: (614) 525 – 5715
- Website: <https://www.franklincountyohio.gov/Agency-Directory/Human-Resources/Risk-Management-Workers-Compensation/About-Risk-Management>

- **Kimberly Kimmel, Risk Manager**

- Phone: (614) 525 – 4642
- Email: [kakimmel@franklincountyohio.gov](mailto:kakimmel@franklincountyohio.gov)
- Fax: (614) 525 – 5715

- **Kaylyn Leckrone, Employee Risk & Development Administrator**

- Phone: (614) 525 – 5829
- Email: [Kaylyn.Leckrone@franklincountyohio.gov](mailto:Kaylyn.Leckrone@franklincountyohio.gov)
- Fax: (614) 525 – 5715

- **Phillip Koontz, Senior Safety and Health Specialist**

- Phone: (614) 525 – 5725
- Email: [pekoontz@franklincountyohio.gov](mailto:pekoontz@franklincountyohio.gov)
- Fax: (614) 525 – 5715

- **Michael Stephens, Senior Safety & Health Specialist**

- Phone: (614) 525 – 4520
- Email: [Michael.Stephens@franklincountyohio.gov](mailto:Michael.Stephens@franklincountyohio.gov)
- Fax: (614) 525 – 5715

- **Ana Carter, Senior Safety & Health Specialist**

- Phone: (614) 525 - 6629
- Email: [Ana.Carter@franklincountyohio.gov](mailto:Ana.Carter@franklincountyohio.gov)
- Fax: (614) 525 – 5715