

STATE OF ALABAMA  
EMPLOYER'S FIRST REPORT OF INJURY  
OR OCCUPATIONAL DISEASE

| CLAIM REFERENCE  |  |  |   |                                    |  |
|--|--|--|---|------------------------------------|--|
| 1. Insured Report Number   | 2. Filing Office Claim Number  | 3. OSHA Log Case Number                          |   |                                    |  |
| EMPLOYER   |  |  |   |                                    |  |
| 4. Employer Business Name  |  |  | ADDRESS, IF LOCATION DIFFERENT FROM BUSINESS ADDRESS  |                                    |  |
| 5. Physical Address 1  |  |  | 10. Mailing Address 1   |                                    |  |
| 6. Physical Address 2  |  |  | 11. Mailing Address 2   |                                    |  |
| 7. City  | 8. State   | 9. Zip   | 12. City  | 13. State                          | 14. Zip  |
| 15. Federal ID Number  |  | 16. U.C. Account Number                          |   | 17. NAICS                          |  |
| INSURER / FILING OFFICE  |  |  |   |                                    |  |
| 18. Insurer Name   |  |  | 21. Filing Office Name  |                                    |  |
| 19. Insurer Federal ID Number  |  |  | 22. Mailing Address 1   |                                    |  |
| 20. Type Insurer    Ins Co <input type="checkbox"/> Self-Insurer <input type="checkbox"/> Group Fund <input type="checkbox"/>  |  |  | 23. Mailing Address 2 or Telephone Number   |                                    |  |
|  |  |  | 24. City  | 25. State                          | 26. Zip  |
|  |  |  | 27. Filing Office Federal ID Number   |                                    |  |
| EMPLOYEE / WAGES   |  |  |   |                                    |  |
| 28. First Name   |  |  | 32. Employee ID Number  |                                    |  |
| 29. Middle Name  |  |  | 33. Type Employee ID Number   |                                    |  |
| 30. Last Name  |  |  | SSN <input type="checkbox"/> Passport Number <input type="checkbox"/> Green Card <input type="checkbox"/> |                                    |  |
| 31. Last Name Suffix (ie. Jr., Sr., III)   |  |  | Employment Visa <input type="checkbox"/> Assigned by Jurisdiction <input type="checkbox"/>                |                                    |  |
| 34. Mailing Address 1  |  |  | 40. Gender  |                                    | 41. Date of Birth  |
| 35. Mailing Address 2  |  |  | Male <input type="checkbox"/>   |                                    | 42. Nbr of Dependents  |
| 36. City   |  |  | Female <input type="checkbox"/>   |                                    |  |
| 43. Marital Status<br>Unmarried (Single or Divorced or Widowed) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unknown <input type="checkbox"/>  |  |  |   |                                    | 44. Date Hired   |
| 45. Occupation Description   |  |  |   | 46. Number of Days Worked Per Week |  |
| 47. Wages \$   |  |  | 49. Received Full Pay For Day of Injury?    Yes <input type="checkbox"/> No <input type="checkbox"/>      |                                    |  |
| 48. Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/>   |  |  | 50. Did Salary Continue?    Yes <input type="checkbox"/> No <input type="checkbox"/>                      |                                    |  |
| INJURY / TREATMENT   |  |  |   |                                    |  |
| 51. Date of Injury   | 52. Time of Injury<br>a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> unk <input type="checkbox"/> |  | 53. Time Employee Began Work<br>a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>               |                                    | 54. Date Disability Began  |
| 55. Date of Death  |  |  |   |                                    |  |
| PLACE OF ACCIDENT, INJURY, OR EXPOSURE   |  |  | 61. Injury Occurred on Employer's Premises?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                    |  |
| 56. Site Address   |  |  | 62. Date Employer Notified  |                                    |  |
| 57. City   |  |  | 58. State   |                                    | 59. Zip  |
| 60. County   |  |  |   |                                    |  |
| 63. DESCRIBE WHAT THE EMPLOYEE WAS DOING JUST BEFORE THE INCIDENT AND HOW THE INJURY OCCURRED. ( Ex. While climbing a ladder and carrying roofing materials, ladder slipped on wet floor causing worker to fall 20 feet.)                |  |  |   |                                    |  |
| <b>PROVIDE DESCRIPTION CODES to identify Nature of Injury, Part of Body that was affected, and Cause of Injury.</b><br><b>(FOR COMPLETE LIST OF CODES, GO TO <a href="http://LABOR.ALABAMA.GOV/WC">HTTP:// LABOR.ALABAMA.GOV/WC</a>)</b> |  |  |   |                                    |  |
| 64. Nature of Injury Code  |  | 65. Part of Body Code                            |   | 66. Cause of Injury Code           |  |
| 67. Initial Treatment  |  | No Medical Treatment <input type="checkbox"/>    |   | 68. Name of Treatment Facility     |  |
| First Aid By Employer <input type="checkbox"/>   |  | Minor Clinic / Hospital <input type="checkbox"/> |   | 69. Address                        |  |
| Emergency Room <input type="checkbox"/>  |  | Hospitalized Overnight <input type="checkbox"/>  |   | 70. City                           |  |
| Hospitalized > 24 Hours <input type="checkbox"/>   |  | Outpatient Treatment <input type="checkbox"/>    |   | 71. State                          | 72. Zip  |
| 73. Name of Physician or Other Health Care Professional  |  |  | 74. Has Injured Returned to Work<br>Yes <input type="checkbox"/> No <input type="checkbox"/>              |                                    | If so, 75. Date<br>76. Time    a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> |
| OTHER  |  |  |   |                                    |  |
| 77. Date Prepared  | 78. Preparer's First Name  |  | 79. Last Name   |                                    | 80. Title  |
|  |  |  |   |                                    | 81. Preparer's Telephone Number  |