**STATE OF ALABAMA**
**EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE**
Ombudsman 1-800-528-5166

### CLAIM REFERENCE
1. Insured Report Number  
2. Filing Office Claim Number  
3. OSHA Log Case Number

### EMPLOYER
4. Employer Business Name  
5. Physical Address 1  
6. Physical Address 2  
10. Mailing Address 1  
11. Mailing Address 2 or Telephone Number  
15. Federal ID Number  
16. U.C. Account Number  
17. NAICS

### INSURER / FILING OFFICE
18. Insurer Name  
19. Insurer Federal ID Number  
20. Type Insurer  
   - Insurance Co.  
   - Self-Insurer  
   - Group Fund  
21. Filing Office Name  
21a. Service Co. #  
22. Mailing Address 1  
23. Mailing Address 2 or Telephone Number  

### EMPLOYEE / WAGES
28. First Name  
29. Middle Name  
30. Last Name  
31. Last Name Suffix (ie. Jr., Sr., III)  
32. Employee ID Number  
33. Type Employee ID Number  
   - SSN  
   - Passport Number  
   - Green Card  
   - Employment Visa  
34. Mailing Address 1  
35. Mailing Address 2  

### INJURY / TREATMENT
51. Date of Injury  
52. Time of Injury  
   - a.m.  
   - p.m.  
   - unk
53. Time Employee Began Work  
   - a.m.  
   - p.m.
54. Date Disability Began  
55. Date of Death

### PLACE OF ACCIDENT, INJURY, OR EXPOSURE
56. Site Address  
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.)

**PROVIDE DESCRIPTION CODES** to identify Nature of Injury, Part of Body that was affected, and Cause of Injury.  
*(FOR COMPLETE LIST OF CODES, GO TO HTTP://DIR.ALABAMA.GOV/WC)*

### OTHER
77. Date Prepared  
78. Preparer’s First Name  
79. Last Name  
80. Title  
81. Preparer’s Telephone Number

03/01/2006