

**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		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		21a. Service Co. #
19. Insurer Federal ID Number		22. Mailing Address 1		
20. Type Insurer		23. Mailing Address 2		
Insurance Co.	Ins Co #	24. City		25. State 26. Zip
Self-Insurer	SI #	27. Filing Office Federal ID Number		
Group Fund	GF #			
EMPLOYEE / WAGES				
28. First Name		32. Employee ID Number		
29. Middle Name		33. Type Employee ID Number		
30. Last Name		SSN	Passport Number	Green Card
31. Last Name Suffix (ie. Jr., Sr., III)		Employment Visa	Assigned by Jurisdiction	
34. Mailing Address 1		40. Gender		41. Date of Birth
35. Mailing Address 2		Male		
36. City		Female		42. Nbr of Dependents
37. State		38. Zip		39. Phone
43. Marital Status				44. Date Hired
Unmarried (Single or Divorced or Widowed) Married Separated Unknown				
45. Occupation Description			46. Number of Days Worked Per Week	
47. Wages \$		49. Received Full Pay For Day of Injury? Yes No		
48. Hourly Daily Weekly Bi-weekly Monthly		50. Did Salary Continue? Yes No		
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			61. Injury Occurred on Employer's Premises? Yes No	
56. Site Address			62. Date Employer Notified	
57. City			58. State 59. Zip	
60. County				
63. <b>For OSHA Reporting Only.</b> 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</b> to identify <b>Nature of Injury</b> , <b>Part of Body</b> that was affected, and <b>Cause of Injury</b> . <b>(FOR COMPLETE LIST OF CODES, GO TO HTTP:// DIR.ALABAMA.GOV/WC</b>				
64. Nature of Injury Code		65. Part of Body Code		66. Cause of Injury Code
67. Initial Treatment		68. Name of Treatment Facility		
First Aid By Employer		69. Address		
Emergency Room		70. City		71. State 72. Zip
Major medical/Lost time		73. Name of Physician or Other Health Care Professional		
No Medical Treatment Minor Clinic / Hospital Hospitalized > 24 Hours Hospitalized Overnight		74. Has Injured Returned to Work Yes No		If so, 75. Date 76. Time a.m. p.m.
OTHER				
77. Date Prepared	78. Preparer's First Name		79. Last Name	80. Title 81. Preparer's Telephone Number