

EMPLOYER'S FIRST REPORT OF INJURY

- Number used by the employer to identify claim / injured employee

- ECMI Claim Number (leave blank)

- Employer's mailing address (where mail is received)

- Employer's 10 digit Unemployment Compensation number as shown on State Quarterly Report

- Provide full name and last known address

- Use list to determine correct code or leave blank

- Thorough form completion by experienced staff member

THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE ALABAMA WORKMEN'S COMPENSATION LAW

WCC Form 2
Rev. 4/2006

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

Check here for Record Only

CLAIM REFERENCE				
1. Insured Report Number 23	2. Filing Office Claim Number	3. OSHA Log Case Number 26		
EMPLOYER				
4. Employer Business Name ABC Inc.	ADDRESS, IF LOCATION DIFFERENT FROM BUSINESS ADDRESS			
5. Physical Address 1 123 Main Street	10. Mailing Address 1 P.O. Box 987			
6. Physical Address 2	11. Mailing Address 2			
7. City Ourtown 8. State Alabama 9. Zip 12345	12. City Ourtown 13. State Alabama 14. Zip 12345			
15. Federal ID Number 987654321	16. U.C. Account Number 00123567800	17. NAICS 56471		
INSURER / FILING OFFICE				
18. Insurer Name ALABAMA SELF-INSURED WC FUND	21. Filing Office Name Employer's Claim Management, Inc.			
19. Insurer Federal ID Number 63-0773197	22. Mailing Address 1 P.O. Box 5614			
20. Type Insurer Ins Co <input type="checkbox"/> Self-Insurer <input type="checkbox"/> Group Fund <input checked="" type="checkbox"/>	23. Mailing Address 2 or Telephone Number (334)277-9395			
	24. City Montgomery 25. State AL 26. Zip 36103-5614			
	27. Filing Office Federal ID Number 63-1034984			
EMPLOYEE / WAGES				
28. First Name John	32. Employee ID Number 234-91-7865			
29. Middle Name David	33. Type Employee ID Number SSN <input checked="" type="checkbox"/> Passport Number <input type="checkbox"/> Green Card <input type="checkbox"/>			
30. Last Name Smith	Employment Visa <input type="checkbox"/> Assigned by Jurisdiction <input type="checkbox"/>			
31. Last Name Suffix (ie. Jr., Sr., III) Jr.	40. Gender Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	41. Date of Birth 12/10/64		
34. Mailing Address 1 98 Dogwood Street	42. Nbr of Dependents 0			
35. Mailing Address 2	44. Date Hired			
36. City Ourtown 37. State Alabama 38. Zip 12345 39. Phone 334-234-3456				
43. Marital Status Unmarried (Single or Divorced or Widowed) <input type="checkbox"/> Married <input checked="" type="checkbox"/> Separated <input type="checkbox"/> Unknown <input type="checkbox"/>				
45. Occupation Description Machine Operator	46. Number of Days Worked Per Week 5			
47. Wages \$ 400	49. Received Full Pay For Day of Injury? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
48. Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	50. Did Salary Continue? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
INJURY / TREATMENT				
51. Date of Injury 6/1/06	52. Time of Injury 10:00 a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/> unk <input type="checkbox"/>	53. Time Employee Began Work 8:00 a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/>	54. Date Disability Began 6/2/06	55. Date of Death
PLACE OF ACCIDENT, INJURY, OR EXPOSURE			61. Injury Occurred on Employer's Premises? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
56. Site Address 123 Main Street	57. City Ourtown 58. State Alabama 59. Zip 12345		62. Date Employer Notified 6/1/06	
63. DESCRIBE WHAT THE EMPLOYEE WAS DOING JUST BEFORE THE INCIDENT, HOW THE INJURY OCCURRED, AND THE SPECIFIC INJURY. (Ex. While climbing a ladder and carrying roofing materials, ladder slipped on wet floor causing worker to fall 20 feet., injuring right ankle.)				
Employee was clearing a jam from his equipment. When the jam was cleared, the equipment started unexpectedly, pulling John's left hand past the cutting blade. This resulted in a severe cut to John's left hand.				
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)				
64. Nature of Injury Code 40 - Laceration	65. Part of Body Code 35 - Hand	66. Cause of Injury Code 10 - Machine		
67. Initial Treatment First Aid By Employer <input type="checkbox"/> No Medical Treatment <input type="checkbox"/> Emergency Room <input type="checkbox"/> Minor Clinic / Hospital <input type="checkbox"/> Major medical/Lost time <input checked="" type="checkbox"/> Hospitalized > 24 Hours <input type="checkbox"/> Hospitalized Overnight <input type="checkbox"/>	68. Name of Treatment Facility Med Care Inc.			
73. Name of Physician or Other Health Care Professional Dr. Ronald Evans	69. Address 567 Medical Park Drive		70. City Ourtown 71. State Alabama 72. Zip 12345	
74. Has Injured Returned to Work Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If so, 75. Date 76. Time a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		
OTHER				
77. Date Prepared 6/2/06	78. Preparer's First Name Robert	79. Last Name Turner	80. Title HR Manager	81. Preparer's Telephone Number 334-987-6543

- OSHA 300 log Column "A" (if applicable)

- Formally known as SIC Code

- Mandatory

- Date physician took employee off work

- Provide complete details regarding how the accident occurred including specific body part injured

The Employer's First Report of Injury is a state required form used by an employer to report work related injuries to their worker's compensation provider. These forms are available in multiple formats and are provided free of charge by Employer's Claim Management, Inc. This includes floppy disc, compact disc, hardcopy and on the ECMI website (www.employersclaim.com). To place an order request, please contact:

334-277-9395

800-392-1551

(FAX) 334-277-5134

Employer's Claim Management, Inc.
P.O. Box 5614
Montgomery, Alabama 36103-5614