

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 Baldwin County Commission			ADDRESS, IF LOCATION DIFFERENT FROM BUSINESS ADDRESS		
5. Physical Address 1 22251 Palmer Street			10. Mailing Address 1 22251 Palmer Street		
6. Physical Address 2			11. Mailing Address 2		
7. City Robertsdale		8. State AL	9. Zip 36567		14. Zip 36567
12. City Robertsdale		13. State AL		14. Zip 36567	
15. Federal ID Number 63-6001408		16. U.C. Account Number 1-3311800		17. NAICS 921190	
INSURER / FILING OFFICE					
18. Insurer Name ACCAWCSIF			21. Filing Office Name County Risk Services, Inc		
19. Insurer Federal ID Number 63-0821025			22. Mailing Address 1 PO. Box 589		
20. Type Insurer Ins Co <input type="checkbox"/> Self-Insurer <input type="checkbox"/> Group Fund X <input type="checkbox"/>			23. Mailing Address 2 or Telephone Number (334) 394-3232		
			24. City Montgomery 25. State AL 26. Zip 36101		
			27. Filing Office Federal ID Number 83-0814426		
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"/>		
37. State			38. Zip		39. Phone
43. Marital Status Unmarried (Single or Divorced or Widowed) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unknown <input type="checkbox"/>					43. 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 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> unk <input type="checkbox"/>		53. Time Employee Began Work 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? 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.)					
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://LABOR.ALABAMA.GOV/WC)					
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	
73. Name of Physician or Other Health Care Professional		74. Has Injured Returned to Work Yes <input type="checkbox"/> No <input type="checkbox"/>		72. Zip	
				75. Date	
				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	