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|  | WCC Form 2  Rev. 9/2006 **STATE OF ALABAMA** EMPLOYER’S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASEOmbudsman 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 Morgan County Association Of Volunteer Fire Fighters Inc  5. Physical Address 1 3120 Highway 36 West  6. Physical Address 2  7. City Hartselle 8. State AL 9. Zip 35640 | | | | | | | | | | ADDRESS, IF LOCATION DIFFERENT FROM BUSINESS ADDRESS  10. Mailing Address 1 P O Box 968  11. Mailing Address 2 or Telephone Number (256) 309-9446  12. City Hartselle 13. State AL 14. Zip 35640 | | | | | | | | | | | | | |
| 15. Federal ID Number 63-0778971 | | | | | | 16. U.C. Account Number | | | | | | | | | | | | | | | | 17. NAICS | |
| **INSURER / FILING OFFICE** | | | | | | | | | | | | | | | | | | | | | | | |
| 18. Insurer Name American Mining Isurance Company  19. Insurer Federal ID Number 63-0866690  20. Type Insurer  Insurance Co. Ins Co # 26727  Self-Insurer SI #  Group Fund GF # | | | | | | | 21. Filing Office Name American Mining Insurance Company  21a. Service Co. #  22. Mailing Address 1 3490 Independence Drive  23. Mailing Address 2 or Telephone Number  24. City Birmingham 25. State AL 26. Zip 35209  27. Filing Office Federal ID Number 63-0866690 | | | | | | | | | | | | | | | | |
| **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  Assigned by Jurisdiction | | | | | | | | | | | |
| 34. Mailing Address 1  35. Mailing Address 2  36. City       37. State    38. Zip       39. Phone | | | | | | | | | | | | | | | 40. Gender  Male  Female | | | | | | 41. Date of Birth    42.Nbr of Dependents | | |
| 43. Marital Status  Unmarried (Single or Divorced or Widowed)  Married  Separated  Unknown | | | | | | | | | | | | | | | | | | | 44. Date Hired | | | | |
| 45. Occupation Description | | | | | | | | | | | | | | | | | 46. Number of Days Worked Per Week | | | | | | |
| 47. Wages $  48. Hourly  Daily  Weekly  Bi-weekly  Monthly | | | | | | | | | 49. Received Full Pay For Day of Injury? Yes  No  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  56. Site Address  57. City       58. State    59. Zip       60. County | | | | | | | | | | | | | | 61. Injury Occurred on Employer’s Premises?  Yes  No    62. Date Employer Notified | | | | | | | | | |
| 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**  64. Nature of Injury Code    65. Part of Body Code    66. Cause of Injury Code | | | | | | | | | | | | | | | | | | | | | | | |
| 67. Initial Treatment  No Medical Treatment  First Aid By Employer  Minor Clinic / Hospital  Emergency Room  Hospitalized > 24 Hours  Major medical/Lost time  Hospitalized Overnight | | | | | | | | 68. Name of Treatment Facility  69. Address  70. City       71. State    72. Zip | | | | | | | | | | | | | | | |
| 73. Name of Physician or Other Health Care Professional | | | | | | | | | | | 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 | | | |