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|  | WCC Form 2Rev. 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 Inc5. 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 ADDRESS10. 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 Company19. Insurer Federal ID Number 63-0866690 20. Type Insurer [x]  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 EXPOSURE56. 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        |