WCC Form 2 Rev. 9/2006

STATE OF ALABAMA

EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

Ombudsman 1-800-528-5166

CLAIM REFERENCE									
1. Insured Report N	Number	2. Filing Office	Claim Nu	ımber		3. OSHA L	og Cas	se Number	
EMPLOYER									
4. Employer Busines5. Physical Address				ADDRESS, I 10. Mailing A		TION DIFFEREN	IT FRO	OM BUSINESS ADDRESS	
6. Physical Address 2				_		or Telephone Nur	mber		
7. City	8. State	9. Zip		12. City		-	3. State	e 14. Zip	
15. Federal ID Numb	er	•	. U.C. Acc	ount Number				17. NAICS	
INSURER / FILING OFFICE									
18. Insurer Name Alacomp 21. Filing Office Name Business Insurance Group 21a. Service Co. #59214									
	19. Insurer Federal ID Number 63-1061602 22. Mailing Address 1 Po Box 243007								
e						elephone Number 334-215-8234			
	Self-Insurer SI #					AL 26. Zip 3612			
\boxtimes	Group Fund GF #			ffice Federal I					
	-	EM	PLOYEE	E / WAGES	3				
28. First Name					32 Emp	loyee ID Number	r		
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	37. State	38 . Zip 39.	Phone			Female		42.Nbr of Dependents	
43. Marital Status							44. D	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									
47. Wages \$	ly Waakly Bi	waakk Mont					! No	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			vee Began Wo		Date Disability Be	egan	55. Date of Death	
or many	a.m. p.m.	unk	a.m.			suce Bisucinity Bo	Bun	Co. Butt of Butti	
PLACE OF ACCIDENT, INJURY, OR EXPOSURE									
	61. Injury Occurred on Employer's Premises?								
56. Site Address Yes No									
					62. I	Date Employer No	otified		
5/. 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:// 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 68. Name of Treatment Facility									
Minor Clinic / Hospital Emergency Room 69. Address									
Hospitalized > 24 Hours Major medical/Lost time 70. City 71. State 72. Zip							Zip		
Hospitalized Overnight									
73. Name of Physician or Other Health Care Professional				74. Has Injured Returned to Work If so, 75. Date					
			0.55	Yes	No		76. Tim	ne a.m. p.m.	
OTHER									
77. Date Prepared	78. Preparer's First Nam	e 79. Last Na	ame		80. Title		81.	Preparer's Telephone	
							Nur	mber	

	O UNDER THE PROVISIONS OF THE PART OF BODY	ALABAMA WORKERS'S COMPENSATION LAW
NATURE OF INJURY	CAUSE OF INJURY	
01. No Physical Injury	10. Multiple Head Injury	01. Chemicals
02. Amputation 03. Angina Pectoris	11. Skull 12. Brain	02. Hot Objects or Substances 03. Temperature Extremes
04. Burn	13. Ear(s)	04. Fire or Flame
07. Concussion	14. Eye(s)	05. Steam or Hot Fluids
10. Contusion 13. Crushing	15. Nose 16. Teeth	06. Dust, Gases, Fumes or Vapors 07. Welding Operation
16. Dislocation	17. Mouth	08. Radiation
19. Electric Shock	18. Soft Tissue	09. Contact With, NOC.
22. Enucleation 25. Foreign Body	19. Facial Bones20. Multiple Neck Injury	10. Machine or Machinery 11. Cold Objects or Substances
28. Fracture	21. Vertebrae	12. Object Handled
30. Freezing 31. Hearing Loss or Impairment	22. Disc 23. Spinal Cord	13. Caught In, Under or Between, NOC. 14. Abnormal Air Pressure
32. Heat Prostration	24. Larynx	15. Broken Glass
34. Hernia	25. Soft Tissue	16. Hand Tool, Utensil; Not Powered
36. Infection 37. Inflammation	26. Trachea30. Multiple Upper Extremities	17. Object Being Lifted or Handled 18. Powered Hand Tool, Appliance
40. Laceration	31. Upper Arm	19. Caught, Puncture, Scrape, NOC.
41. Myocardial Infarction	32. Elbow	20. Collapsing Materials (Slides of Earth) Either Man Made or Natural
42. Poisoning - General	33. Lower Arm	25. From Different Level (Elevation) Off Wall, Catwalk, Bridge, Etc.
43. Puncture	34. Wrist	26. From Ladder or Scaffolding
46. Rupture 47. Severance	35. Hand 36. Finger(s)	27. From Liquid or Grease Spills 28. Into Openings Shafts, Excavations, Floor Openings,
	3 , ,	Etc.
49. Sprain or Tear 52. Strain or Tear	38. Shoulder(s) 39. Wrist (s) & Hand(s)	29. On Same Level 30. Slipped, Do Not Fall
53. Syncope	40. Multiple Trunk	31. Fall, Slip or Trip, NOC.
54. Asphyxiation	41. Upper Back Area	32. On Ice or Snow
55. Vascular 58. Vision Loss	42. Lower Back Area 43. Disc	33. On Stairs 40. Crash of Water Vehicle
59. All Other Specific Injuries, NOC	44. Chest	41. Crash of Rail Vehicle
60. Dust Disease, NOC 61. Asbestosis	45. Sacrum and Coccyx 46. Pelvis	45. Collision or Sideswipe With Another Vehicle 46. Collision with a Fixed Object Standing Vehicle or
		Stationary Object
62. Black Lung	47. Spinal Cord	47. Crash of Airplane
63. Byssinosis 64. Silicosis	48. Internal Organs 49. Heart	48. Vehicle Upset Overturned or Jackknifed 50. Motor Vehicle, NOC.
65. Respiratory Disorders	50. Multiple Lower Extremities	52. Continual Noise
66. Poisoning - Chemical, (Other Than Metals) 67. Poisoning - Metal	51. Hip 52. Upper Leg	53. Twisting 54. Jumping
68. Dermatitis	53. Knee	55. Holding or Carrying
69. Mental Disorder	54. Lower Leg	56. Lifting
70. Radiation 71. All Other Occupational Disease Injury, NOC	55. Ankle 56. Foot	57. Pushing or Pulling 58. Reaching
72. Loss of Hearing	57. Toes	59. Using Tool or Machinery
73. Contagious Disease	58. Big Toes	60. Strain or Injury By, NOC.
74. Cancer 75. AIDS	60. Lungs 61. Abdomen Including Groin	61. Wielding or Throwing 65. Moving Part of Machine
76. VDT - Related Diseases	62. Buttocks	66. Object Being Lifted or Handled
77. Mental Stress	63. Lumbar & or Sacral Vertebrae	67. Sanding, Scraping, Cleaning Operation
78. Carpal Tunnel Syndrome	64. Artificial Appliance	68. Stationary Object
79. Hepatitis C	65. Insufficient Info to Properly Identify	69. Stepping on Sharp Object
80. All Other Cumulative Injury, NOC	66. No Physical Injury	70. Striking Against or Stepping On, NOC.
90. Multiple Physical Injuries Only 91. Multiple Injuries Including Both Physical &	90. Multiple Body Parts 91. Body Systems and Multiple	74. Fellow Worker; Patient
Psychological	Body	
	99. Whole Body	76. Hand Tool or Machine in Use 77. Motor Vehicle
INSTRUCTIONS FOR FILING WC FIRST Employers should send a completed legible form	78. Moving Parts of Machine	
self-insured, to the designated	79. Object Being Lifted or Handled	
office handling their workers' compensation claim designated office should forward this First Repor	80. Object Handled By Others 81. Struck or Injured, NOC.	
Compensation Division, Department of Labor, Mon	82. Absorption, Ingestion or Inhalation, NOC	
within fifteen (15) days from the date of injury of employer for all injuries for which compensation is	84. Electrical Current	
includes deaths, permanent disabilities or tempor three (3) days).	85. Animal or Insect	
Block 1. A number assigned by the insured to	86. Explosion or Flare Back 87. Foreign Matter (Body) in Eye(s)	
Block 2. An identifier for a specific claim with administrator's claims processing system. Block	88. Natural Disasters	
from log maintained for OSHA	89. Person in Act of a Crime	
Block 4 - Block 14. Self Explanatory Block 15.	90. Other Than Physical Cause of Injury 91. Mold	
Employer Federal ID number	94. Repetitive Motion Callous, Blister, Etc.	
Block 16. Employer Unemployment Compensat Block 17. NAICS Industry Codes	95. Rubbed or Abraded, NOC.	
		96. Terrorism

THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE ALABAMA WORKERS'S COMPENSATION LAW alabama.gov/docs/forms/wc_naics.pdf Block 97. Repetitive Motion Carpel Tunnel Syndrome http://dir.alabama.gov/docs/forms/wc_naics.pdf Block 18. Carrier's name
Block 19. Carrier's FEIN
Block 20. A code representing the kind of entity providing financial responsibility for the claim, exp: (I) Insurance Carrier (S) Self Insurer (G) Guarantee Fund/Group
Block 21 through Block 63. Self Explanatory
Block 64. Nature of Injury Codes
http://dir.alabama.gov/docs/forms/wcio_nature_table.pdf
Block 65. Part of Body Codes
http://dir.alabama.gov/docs/forms/wcio_part_table.pdf
Block 66. Cause of Injury Codes
http://dir.alabama.gov/docs/forms/wcio_cause_table.pdf
Block 67 through Block 81. Self Explanatory 18. Carrier's name

98. Cumulative, NOC

99. Other - Miscellaneous, NOC