

**STATE OF ALABAMA**  
**EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE**  
**Ombudsman 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 <b>Russellville Police Department</b>			ADDRESS, IF LOCATION DIFFERENT FROM BUSINESS ADDRESS		
5. Physical Address 1 <b>400 N Jackson Ave</b>			10. Mailing Address 1		
6. Physical Address 2			11. Mailing Address 2 or Telephone Number		
7. City <b>Russellville</b> 8. State <b>AL</b> 9. Zip <b>35653</b>			12. City      13. State      14. Zip		
15. Federal ID Number		16. U.C. Account Number		17. NAICS	
INSURER / FILING OFFICE					
18. Insurer Name		21. Filing Office Name		21a. Service Co. #	
19. Insurer Federal ID Number		22. Mailing Address 1			
20. Type Insurer <input type="checkbox"/> Insurance Co.    Ins Co #		23. Mailing Address 2 or Telephone Number			
<input type="checkbox"/> Self-Insurer    SI #		24. City      25. State      26. Zip			
<input type="checkbox"/> Group Fund      GF #		27. Filing Office Federal ID Number			
EMPLOYEE / WAGES					
28. First Name			32. Employee ID Number		
29. Middle Name			33. Type Employee ID Number		
30. Last Name			SSN <input checked="" 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 <b>2</b>
36. City      37. State <b>AL</b> 38. Zip      39. Phone			Female <input type="checkbox"/>		
43. Marital Status					44. Date Hired
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 <b>POLICE OFFICER</b>				46. Number of Days Worked Per Week <b>5</b>	
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	53. Time Employee Began Work	54. Date Disability Began	55. Date of Death	
	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> unk <input type="checkbox"/>	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>			
PLACE OF ACCIDENT, INJURY, OR EXPOSURE			61. Injury Occurred on Employer's Premises?		
56. Site Address			Yes <input type="checkbox"/> No <input type="checkbox"/>		
57. City      58. State <b>AL</b> 59. Zip      60. County			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.)					
<b>PROVIDE DESCRIPTION CODES</b> to identify <b>Nature of Injury</b> , <b>Part of Body</b> that was affected, and <b>Cause of Injury</b> . <b>(FOR COMPLETE LIST OF CODES, GO TO <a href="http://dir.alabama.gov/wc">HTTP:// DIR.ALABAMA.GOV/WC</a>)</b>					
64. Nature of Injury Code		65. Part of Body Code		66. Cause of Injury Code	
67. Initial Treatment			68. Name of Treatment Facility		
No Medical Treatment <input type="checkbox"/> First Aid By Employer <input type="checkbox"/>			69. Address		
Minor Clinic / Hospital <input type="checkbox"/> Emergency Room <input checked="" type="checkbox"/>			70. City      71. State      72. Zip		
Hospitalized > 24 Hours <input type="checkbox"/> Major medical/Lost time <input type="checkbox"/>					
Hospitalized Overnight <input type="checkbox"/>					
73. Name of Physician or Other Health Care Professional			74. Has Injured Returned to Work		If so, 75. Date
			Yes <input type="checkbox"/> No <input type="checkbox"/>		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	