	INDUSTRIAL COMMISSION OF ARIZONA P.O. BOX 19070 PHOENIX, ARIZONA 85005-9070				NA <u>FOR C</u>	FOR CARRIER USE ONLY					
COMPLETE AND MAIL THIS REPORT WITHIN 10 DAYS FROM NOTICE OF ACCIDENT. FATALITIES MUST BE REPORTED WITHIN 24 HOURS.			MAIL TO: (CARRIER NAME & ADDRESS)					FOR OSHA PURPOSES ONLY OSHA Case #:			
injury or disease su which is claimed to	ffered by an employee arise out of or in the co	ourse of employment.					RECORD		JURY		
ARIZONA REVIS	SED STATUTES 23	-908 & 23-1061	FIRST		M.I.	0.00		FD +		3. BIRTH DATE	
EMPLOYEE	1. ENOTIONE		The second s		W	2. 50	OCIAL SECURITY NUMB	EK Ŧ		S. BIRTHBATE	
4. HOME ADDRESS (N	NUMBER & STREET)		CITY		STATE	•	ZIP CODE		5. TELEPHONE		
. SEX		7. MARITAL STAT				DIVORCE		ED	1		
MPLOYER	8. EMPLOYER'S NAM	E			9. POLICY N	UMBER		10.	NATURE OF BUSIN	NESS (MANUFACTU	RING, ETC
1. OFFICE ADDRESS	S (NUMBER & STREET)		CITY		STATE		ZIP CODE		12. TELEPHON	IE	
	13. DATE OF INJURY	OR ILLNESS	14. TIME OF EVEN		□ P.M.	TIME EMPI		P.M.	16. DATE EMPL	OYER NOTIFIED O	F INJURY
7. LAST DAY OF WO	ORK AFTER INJURY	18. DATE OF RET	URN TO WORK			PATION (JC	DB TITLE) WHEN INJUR	ED			
0. CLASS CODE ON	PAYROLL REPORT	21. EMPLOYEE'S	ASSIGNED DEPART	TMENT 22.	DEPARTMENT NUM	BER	23. DID INJURY	OCCUR	ON EMPLOYER PR	REMISES?	
	CATION OF ACCIDENT			СП	v				NO STATE	ZIP C	
4. ADDRESS OR EO	CATION OF ACCIDENT			GI	Ĩ	, i			SIAIL	211 65	JDL
5. WHAT WAS THE I	NJURY OR ILLNESS? Te	Il us the part of the body that	was affected and ho	ow it was affected;	be more specific than	"hurt," "pain	" or sore." Examples: "s	trained ba	ck"; "chemical burn,	hand"; "carpal tunne	l syndrome
6. PART OF BODY IN	NJURED		27. FA1		YES D N	0 28.	IF THE EMPLOYEE DIE	D, WHEN	DID THE DEATH C	OCCUR? DATE OF I	DEATH
9. WAS EMPLOYEE	TREATED IN AN EMERGE	ENCY NAME OF PHY	SICIAN OR OTHER	HEALTH CARE P	ROFESSIONAL		ADDRESS (ST	REET, CIT	Y, STATE & ZIP CO	ODE)	
		NO									
80. WAS EMPLOYEE H AN IN-PATIENT?	HOSPITALIZED OVERNIG		ED, HOSPITAL NAM	ИE			ADDRESS (STF	REET, CIT	Y, STATE & ZIP CC	DDE)	
1. IF VALIDITY OF C	LAIM IS DOUBTED, STAT	NO E REASON									
CAUSE OF											
ACCIDENT			curred. Examples: "\	When ladder slippe	d on wet floor, worker	fell 20 feet"	; "Worker was sprayed w	ith chlorin	e when gasket broke	e during replacement	"; "Worker
	developed soreness in v	7? Tell us how the injury occ wrist over time."	curred. Examples: "\	When ladder slippe	d on wet floor, worker	fell 20 feet"	; "Worker was sprayed w	ith chlorin	e when gasket broke	e during replacement	"; "Worker
3. WHAT OBJECT O]								-	e during replacement	."; "Worker
	R SUBSTANCE DIRECTL	wrist over time."	EE? Examples: "con	ncrete floor"; "chlor	ine"; "radial arm saw	" If this que	stion does not apply to th	e incident,	leave it blank.		
4. WHAT WAS EMPL	R SUBSTANCE DIRECTL	wrist over time."	E? Examples: "con RRED? Describe the	ncrete floor"; "chlor	ine"; "radial arm saw	" If this que	stion does not apply to th	e incident,	leave it blank.		
4. WHAT WAS EMPL pofing materials"; "spra	R SUBSTANCE DIRECTL	Wrist over time."	RRED? Describe the entry."	acrete floor"; "chlor e activity, as well a	ine"; "radial arm saw	" If this que	stion does not apply to th	e incident,	leave it blank.		
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* The mandatory requirement that the social security number be included in forms filed with the Claims Division or Special Fund Division of the Industrial Commission of Arizona is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, because the Commission's forms, prescribed under the Commission's Rules in existence prior to January 1, 1975, required disclosure of the social security number. The number is used as a means of identifying all the various records in the Claims Division of Special Fund pertaining to an individual. The use of social security numbers is made necessary because of the large number of persons who have similar names and birth dates, and whose identities can only be distinguished by the social security number.