

## INJURY DESCRIPTION CODES CAUSE OF INJURY (66.)

CODE	NARRATIVE DESCRIPTION
<b>I. Burn or Scald - Heat or Cold Exposures - Contact With</b>	
01. Chemicals	
02. Hot Objects or Substances	
03. Temperature Extremes	
04. Fire or Flame	
05. Steam or Hot Fluids	
06. Dust, Gases, Fumes or Vapors	
07. Welding Operation	
08. Radiation	
09. Contact with, NOC	
11. Cold Objects or Substances	
14. Abnormal Air Pressure	
84. Electrical Current	
<b>II. Caught In, Under or Between</b>	
10. Machine or Machinery	
12. Object Handled	
13. Caught In, Under or Between, NOC	
20. Collapsing Materials (Slides of Earth)	Either Man Made or Natural
<b>III. Cut, Puncture, Scrape Injured By</b>	
15. Broken Glass	
16. Hand Tool, Utensil: Not Powered	
17. Object Being Lifted or Handled	
18. Powered Hand Tool, Appliance	
19. Caught, Puncture, Scrape, NOC	
<b>IV. Fall, Slip or Trip Injury</b>	
25. From Different Level (Elevation)	Off Wall, Catwalk, Bridge, Etc.
26. From Ladder or Scaffolding	
27. From Liquid or Grease Spills	
28. Into Openings	Shafts, Excavations, Floor Openings, Etc.
29. On Same Level	
30. Slipped, Do Not Fall	
31. Fall, Slip or Trip, NOC	
32. On Ice or Snow	
33. On Stairs	
<b>V. Motor Vehicle</b>	
40. Crash of Water Vehicle	
41. Crash of Rail Vehicle	
45. Collision or Sideswipe With Another Vehicle	Both Vehicles in Motion
46. Collision with a Fixed Object	Standing Vehicle or Stationary Object
47. Crash of Airplane	
48. Vehicle Upset	Overtaken or Jackknifed
50. Motor Vehicle, NOC	

CODE	NARRATIVE DESCRIPTION
<b>VI. Strain or Injury By</b>	
52. Continual Noise	
53. Twisting	
54. Jumping	
55. Holding or Carrying	
56. Lifting	
57. Pushing or Pulling	
58. Reaching	
59. Using Tool or Machinery	
60. Strain or Injury By, NOC	
61. Wielding or Throwing	
97. Repetitive Motion	Carpal Tunnel Syndrome
<b>VII. Striking Against or Stepping On</b>	
65. Moving Part of Machine	
66. Object Being Lifted or Handled	
67. Sanding, Scraping, Cleaning Operation	
68. Stationary Object	
69. Stepping on Sharp Object	
70. Striking Against or Stepping On, NOC	
<b>VIII. Struck or Injured By</b>	Includes Kicked, Stabbed, Bit, Etc.
74. Fellow Worker; Patient	Not in Act of Crime
75. Falling or Flying Object	
76. Hand Tool or Machine in Use	
77. Motor Vehicle	
78. Moving Parts of Machine	
79. Object Being Lifted or Handled	
80. Object Handled By Others	
81. Struck or Injured, NOC	Includes Kicked, Stabbed, Bit, Etc.
85. Animal or Insect	
86. Explosion or Flare Back	
<b>IX. Rubbed or Abraded By</b>	
94. Repetitive Motion	Callous, Blister, Etc.
95. Rubbed or Abraded, NOC	
<b>X. Miscellaneous Causes</b>	
82. Absorption, Ingestion or Inhalation, NOC	
87. Foreign Matter (Body) in Eye(s)	
88. Natural Disasters	Earthquake, Hurricane, Tornado, Etc.
89. Person in Act of a Crime	Robbery or Criminal Assault
90. Other Than Physical Cause of Injury	
91. Mold	
96. Terrorism	
98. Cumulative, NOC	All Other
99. Other - Miscellaneous, NOC	

**The Employer's First Report of Injury is a state required form used by an employer to report work related injuries to their worker's compensation provider.**

# EMPLOYER'S FIRST REPORT OF INJURY

THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE ALABAMA WORKMEN'S COMPENSATION LAW

WCC Form 2  
Rev. 4/2006

**STATE OF ALABAMA**  
**EMPLOYER'S FIRST REPORT OF INJURY**  
**OR OCCUPATIONAL DISEASE**  
Ombudsman 1-800-528-5166

Check here for Record Only

CLAIM REFERENCE		
1. Insured Report Number 23	2. Filing Office Claim Number	3. OSHA Log Case Number 26
EMPLOYER		
4. Employer Business Name <b>ABC Inc.</b>		ADDRESS, IF LOCATION DIFFERENT FROM BUSINESS ADDRESS
5. Physical Address 1 <b>123 Main Street</b>		10. Mailing Address 1 <b>P.O. Box 987</b>
6. Physical Address 2		11. Mailing Address 2
7. City <b>Ourtown</b>	8. State <b>Alabama</b>	9. Zip <b>12345</b>
12. City <b>Ourtown</b>	13. State <b>Alabama</b>	14. Zip <b>12345</b>
15. Federal ID Number <b>987654321</b>	16. U.C. Account Number <b>00123567800</b>	17. NAICS <b>56471</b>
INSURER / FILING OFFICE		
18. Insurer Name <b>ALABAMA SELF-INSURED WC FUND</b>		21. Filing Office Name <b>Employer's Claim Management, Inc.</b>
19. Insurer Federal ID Number <b>63-0773197</b>		22. Mailing Address 1 <b>P.O. Box 5614</b>
20. Type Insurer <input type="checkbox"/> Ins Co <input type="checkbox"/> Self-Insurer <input type="checkbox"/> Group Fund <input checked="" type="checkbox"/>		23. Mailing Address 2 or Telephone Number <b>(334)277-9395</b>
		24. City <b>Montgomery</b>
		25. State <b>AL</b>
		26. Zip <b>36103-5614</b>
		27. Filing Office Federal ID Number <b>63-1034984</b>
EMPLOYEE / WAGES		
28. First Name <b>John</b>		32. Employee ID Number <b>234-91-7865</b>
29. Middle Name <b>David</b>		33. Type Employee ID Number
30. Last Name <b>Smith</b>		SSN <input checked="" type="checkbox"/> Passport Number <input type="checkbox"/> Green Card <input type="checkbox"/>
31. Last Name Suffix (ie. Jr., Sr., III) <b>Jr.</b>		Employment Visa <input type="checkbox"/> Assigned by Jurisdiction <input type="checkbox"/>
34. Mailing Address 1 <b>98 Dogwood Street</b>		40. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
35. Mailing Address 2		41. Date of Birth <b>12/10/64</b>
36. City <b>Ourtown</b>		42. Nbr of Dependents <b>0</b>
37. State <b>Alabama</b>		43. Marital Status
38. Zip <b>12345</b>		Unmarried (Single or Divorced or Widowed) <input type="checkbox"/> Married <input checked="" type="checkbox"/> Separated <input type="checkbox"/> Unknown <input type="checkbox"/>
39. Phone <b>334-234-3456</b>		44. Date Hired
45. Occupation Description <b>Machine Operator</b>		46. Number of Days Worked Per Week <b>5</b>
47. Wages <b>\$ 400</b>		49. Received Full Pay For Day of Injury? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
48. Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		50. Did Salary Continue? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
INJURY / TREATMENT		
51. Date of Injury <b>6/1/06</b>	52. Time of Injury <b>10:00 a.m.</b> <input checked="" type="checkbox"/> p.m. <input type="checkbox"/> unk <input type="checkbox"/>	53. Time Employee Began Work <b>8:00 a.m.</b> <input checked="" type="checkbox"/> p.m. <input type="checkbox"/>
54. Date Disability Began <b>6/2/06</b>		55. Date of Death
PLACE OF ACCIDENT, INJURY, OR EXPOSURE		
56. Site Address <b>123 Main Street</b>		61. Injury Occurred on Employer's Premises? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
57. City <b>Ourtown</b>		62. Date Employer Notified <b>6/1/06</b>
58. State <b>Alabama</b>		
59. Zip <b>12345</b>		
60. County <b>Johnson</b>		
63. DESCRIBE WHAT THE EMPLOYEE WAS DOING JUST BEFORE THE INCIDENT, HOW THE INJURY OCCURRED, AND THE SPECIFIC INJURY. (Ex. While climbing a ladder and carrying roofing materials, ladder slipped on wet floor causing worker to fall 20 feet., injuring right ankle.)		
Employee was clearing a jam from his equipment. When the jam was cleared, the equipment started unexpectedly, pulling John's left hand past the cutting blade. This resulted in a severe cut to John's left hand.		
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 <b>40 - Laceration</b>	65. Part of Body Code <b>35 - Hand</b>	66. Cause of Injury Code <b>10 - Machine</b>
67. Initial Treatment	No Medical Treatment <input type="checkbox"/>	68. Name of Treatment Facility <b>Med Care Inc.</b>
First Aid By Employer <input type="checkbox"/>	Minor Clinic / Hospital <input type="checkbox"/>	69. Address <b>567 Medical Park Drive</b>
Emergency Room <input type="checkbox"/>	Hospitalized > 24 Hours <input type="checkbox"/>	70. City <b>Ourtown</b>
Major medical/Lost time <input checked="" type="checkbox"/>	Hospitalized Overnight <input type="checkbox"/>	71. State <b>Alabama</b>
73. Name of Physician or Other Health Care Professional <b>Dr. Ronald Evans</b>		72. Zip <b>12345</b>
74. Has Injured Returned to Work Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		75. Date
		76. Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
OTHER		
77. Date Prepared <b>6/2/06</b>	78. Preparer's First Name <b>Robert</b>	79. Last Name <b>Turner</b>
	80. Title <b>HR Manager</b>	81. Preparer's Telephone Number <b>334-987-6543</b>

- Number used by the employer to identify claim / injured employee
- ECMI Claim Number (leave blank)
- Employer's mailing address (where mail is received)

- Employer's 10 digit Unemployment Compensation number as shown on State Quarterly Report

- Provide full name and last known address

- Use attached list to determine correct code or leave blank

- Thorough form completion by experienced staff member

- OSHA 300 log Column "A" (if applicable)

- Formally known as SIC Code

- Mandatory

- Date physician took employee off work

- Provide complete details regarding how the accident occurred including specific body part injured

## INJURY DESCRIPTION CODES NATURE OF INJURY (64.)

CODE	NARRATIVE DESCRIPTION
<b>I. Specific Injury</b>	
01. No Physical Injury	i.e., Glasses, Contact Lenses, Artificial Appliance, Replacement of Artificial Appliance
02. Amputation	Cut Off Extremity, Digit, Protruding Part of Body, Usually by Surgery, i.e., Leg, Arm
03. Angina Pectoris	Chest Pain
04. Burn	(Heat) Burns or Scald. The Effect of Contact with Hot Substances. (Chemical) Burns. Tissue Damage Resulting from the Corrosive Action Chemicals, Fume, Etc. (Acids, Alkalies)
07. Concussion	Brain, Cerebral
10. Contusion	Bruise - Intact Skin Surface, Hematoma
13. Crushing	To Grind, Pound or Break into Small Bits
16. Dislocation	Pinched Nerve, Slipped/Ruptured Disc, Herniated Disc, Sciatica, Complete Tear, HNP Subluxion, MD Dislocation
19. Electric Shock	Electrocution
22. Enucleation	Removal of Organ or Tumor
25. Foreign Body	
28. Fracture	Breaking of a Bone or Cartilage
30. Freezing	Frostbite and Other Effects of Exposure to Low Temperature
31. Hearing Loss or Impairment	Traumatic Only. A separate Injury, Not the Sequelae of Another Injury
32. Heat Prostration	Heat Stroke, Sun Stroke, Heat Exhaustion, Heat Cramps and Other Effects of Environmental Heat. Does not Include Sunburn
34. Hernia	The Abnormal Protrusion of an Organ or Part Through the Containing Wall of its Cavity
36. Infection	The invasion of a Host by Organisms such as Bacteria, Fungi, Viruses, Mold, Protozoa or Insects, with or without Manifest Disease
37. Inflammation	The Reaction of Tissue to Injury Characterized Clinically by Heat, Swelling, Redness and Pain
40. Laceration	Cut, Scratches, Abrasions, Superficial Wounds, Calluses, Wound by Tearing
41. Myocardial Infarction	Heart Attack, Heart Conditions, Hypertension, the Inadequate Blood Flow to the Muscular Tissue of the Heart
42. Poisoning - General (Not OD or Cumulative Injury)	A Systemic Morbid Condition resulting from the Inhalation, Ingestion, or Skin Absorption of a Toxic Substance Affecting the Metabolic System, the Nervous System, the Circulatory System, the Digestive System, the Respiratory System, the Excretory System, the Musculoskeletal System, Etc. Includes Chemical or Drug Poisoning, Metal Poisoning, Organic Diseases, and Venomous Reptile and Insect Bites. Does NOT Include Effects of Radiation, Pneumoconiosis, Corrosive Effects of Chemicals; Skin Surface Irritations, Septicemia or Infected Wounds
43. Puncture	A Hole Made by the Piercing of a Pointed Instrument
46. Rupture	
47. Severance	To Separate, Divide or Take Off
49. Sprain or Tear	Internal Derangement, A Trauma or Wrenching of a Joint, Producing Pain and Disability Depending Upon Degree of Injury to Ligaments
52. Strain or Tear	Internal Derangement, the Trauma to the Muscle or the Musculotendinous Unit from Violent Contraction or Excessive Forcible Stretch

CODE	NARRATIVE DESCRIPTION
53. Syncope	Swooning, Fainting, Passing Out, No Other Injury
54. Asphyxiation	Strangulation, Drowning
55. Vascular	Cerebrovascular and Other Conditions of Circulatory Systems, NOC. Excludes Heart and Hemorrhoids. Includes Strokes, Varicose Veins - Non Toxic
58. Vision Loss	
59. All Other Specific Injuries, NOC	
<b>II. Occupational Disease or Cumulative Injury</b>	
60. Dust Disease, NOC	All Other Pneumoconiosis
61. Asbestos	Lung Disease, A Form of Pneumoconiosis, Resulting from Protracted Inhalation of Asbestos Particles
62. Black Lung	The Chronic Lung Disease or Pneumoconiosis Found in Coal Miners
63. Byssinosis	Pneumoconiosis of Cotton, Flax and Hemp Workers
64. Silicosis	Pneumoconiosis Resulting from Inhalation of Silica (Quartz) Dust
65. Respiratory Disorders	Gases, Fums, Chemicals, Etc.
66. Poisoning - Chemical (Other Than Metals)	Man Made or Organic
67. Poisoning - Metal	Man Made
68. Dermatitis	Rash, Skin or Tissue Inflammation including Boils, Etc. Generally Resulting from Direct Contact with Irritants or Sensitizing Chemicals such as Drugs, Oils, Biologic Agents, Plants, Woods or Metals which may be in the Form of Solics, Pastes, Liquids or Vapors and which may be Contacted in the Pure State or in Compounds or in Combination with Other Materials. Do NOT Include Skin Tissue Damage Resulting from Corrosive Action of Chemicals, Burns from Contact with Hot Substances, Effects of Exposure to Radiation, Effects of Exposure to Low Temperatures of Inflammation or Irritation Resulting from Friction or Impact.
69. Mental Disorder	A Clinically Significant Behavioral or Psychological Syndrome or Pattern Typically Associated with either a Distressing Symptom or Impairment of Function. i.e., Acute Anxiety, Neurosis, Stress, Non-Toxic Depression
70. Radiation	All Forms of Damage to Tissue, Bones or Body Fluids Produced by Exposure to Radiation
71. All Other Occupational Disease Injury, NOC	
72. Loss of Hearing	
73. Contagious Disease	
74. Cancer	
75. AIDS	
76. VDT - Related Diseases	Video Display Terminal Diseases Other than Carpal Tunnel Syndrome
77. Mental Stress	
78. Carpal Tunnel Syndrome	Soreness, Tenderness and Weakness of the Muscles of the Thumb Caused by Pressure on the Median Nerve at the Point at which it goes through the Carpal Tunnel of the Wrist
79. Hepatitis C	
80. All Other Cumulative Injury, NOC	
<b>III. Multiple Injuries</b>	
90. Multiple Physical Injuries Only	
91. Multiple Injuries Including Both Physical and Psychological	

## INJURY DESCRIPTION CODES PART OF BODY (65.)

CODE	NARRATIVE DESCRIPTION
<b>I. Head</b>	
10. Multiple Head Injury	Any Combination of Below Parts
11. Skull	
12. Brain	
13. Ear(s)	Includes: Hearing, Inside Eardrum
14. Eye(s)	Includes: Optic Nerves, Vision, Eye Lids
15. Nose	Includes: Nasal Passage, Sinus, Sense of Smell
16. Teeth	Includes: Lips, Tongue, Throat, Taste
17. Mouth	Includes: Jaw
18. Soft Tissue	
19. Facial Bones	
<b>II. Neck</b>	
20. Multiple Neck Injury	Any Combination of Below Parts
21. Vertebrae	Includes: Spinal Column Bone, "Cervical Segment"
22. Disc	Includes: Spinal Column Cartilage, "Cervical Segment"
23. Spinal Cord	Includes: Nerve Tissue, "Cervical Segment"
24. Larynx	Includes: Cartilage and Vocal Cords
25. Soft Tissue	Other than Larynx or Trachea
26. Trachea	
<b>III. Upper Extremities</b>	
30. Multiple Upper Extremities	Any Combination of Below Parts, Excluding Hands and Wrists Combined
31. Upper Arm	Humerus and Corresponding Muscles, Excluding Clavicle and Scapula
32. Elbow	Radial Head
33. Lower Arm	Forearm-Radius, Ulna and Corresponding Muscles
34. Wrist	Carpals and Corresponding Muscles
35. Hand	Metacarpals and Corresponding Muscles Excluding Wrist or Fingers
36. Finger(s)	Other than Thumb and Corresponding Muscles
37. Thumb	
38. Shoulder(s)	Armpit, Rotator Cuff, Trapezius, Clavicle, Scapula
39. Wrist(s) & Hand(s)	
<b>IV. Trunk</b>	
40. Multiple Trunk	Any Combination of Below Parts
41. Upper Back Area	(Thoracic Area) Upper Back Muscles, Excluding Vertebrae, Disc, Spinal Cord
42. Lower Back Area	(Lumbar Area and Lumbo Sacral) Lower Back Muscles, Excluding Sacrum, Coccyx, Pelvis, Vertebrae, Disc, Spinal Cord
43. Disc	Spinal Column Cartilage Other than Cervical Segment
44. Chest	Including Ribs, Sternum, Soft Tissue
45. Sacrum and Coccyx	Final Nine Vertebrae-Fused
46. Pelvis	
47. Spinal Cord	Nerve Tissue Other than Cervical Segmente
48. Internal Organs	Other than Heart and Lungs
49. Heart	
60. Lungs	
61. Abdomen Including Groin	Excluding Injury to Internal Organs
62. Buttocks	Soft Tissue
63. Lumbar & or Sacral Vertebrae (Vertebra NOC Trunk)	Bone Portion of the Spinal Column

CODE	NARRATIVE DESCRIPTION
<b>V. Lower Extremities</b>	
50. Multiple Lower Extremities	Any Combination of Below Parts
51. Hip	
52. Upper Leg	Femur and Corresponding Muscles
53. Knee	Patella
54. Lower Leg	Tibia, Fibula and Corresponding Muscles
55. Ankle	Tarsals
56. Foot	Metatarsals, Heel, Achilles Tendon and Corresponding Muscles - Excluding Ankle or Toes
57. Toe(s)	
58. Great Toe	
<b>VI. Multiple Body Parts</b>	
64. Artificial Appliance	Braces, Etc.
65. Insufficient Info to Properly Identify - Unclassified	Insufficient Information to Identify Part Affected
66. No Physical Injury	Mental Disorder
90. Multiple Body Parts (Including Body Systems & Body Parts)	Applies when More than One Major Body Part has been Affected, Such as an Arm and a Leg and Multiple Internal Organs
91. Body Systems and Multiple Body Systems	Applies to the Functioning of an Entire Body System Has been Affected Without Specific Injury to Any Other Part, as in the Case of Poisoning, Corrosive Action, Inflammation, Affecting Internal Organs, Damage to Nerve Centers, Etc. Does NOT Apply When the Systemic Damage Results from an External Injury Affecting an External Part Such as a Back Injury Which Includes Damage to the Nerves of the Spinal Cord
99. Whole Body	A code referencing the anatomic classification of the injury