Fire	Department Name	

FDID

WORKERS COMPENSATION – FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCLUI	DING ZIP)		CARRIER/ADMINIS	STRATOR CLAIM NU	MBER	OSHA LOG NUMB	BER	REPORT I	PURPOSE CODE	
State Of Louisiana										
	JURISDICTION			JURISDICTION CI	JURISDICTION CLAIM NUMBER		-			
Office of State Fire Marshal			leanesterier ezimin nemezik							
8181 Independence Bl			INSURED REPORT	TNUMBER						
Baton Rouge, LA 7080	6		I I I I I I I I I I I I I I I I I I I							
			EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)					LOCATION # (IF AVAILABLE)		
			EMPLOTER'S LOCATION ADDRESS (IF DIFFERENT)					LOCATION # (IF AVAILABLE)		
INDUSTRY CODE	-					PHONE#				
	72-07246		<u> </u>					L		
CARRIER/CLAIMS AD		FOR	Inguiarian			Tarana anama			10115 (0	
CARRIER (NAME, ADDRESS & PHONE : LWCC	#)		POLICY PERIOD TO			CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE #)				
						4				
P.O. Box 98054			CHECK IF APPROF							
Baton Rouge, LA 70898			SELF-INSURANCE				—			
CARRIER FEIN POLICY/SELF-INSU		URED NUMBER				ADMINISTRATOR	FEIN			
134893										
AGENT NAME & CODE NUMBER										
EMPLOYEE/WAGE										
NAME (LAST, FIRST, MIDDLE)			DATE OF BIRTH		SOCIAL SEC. # (I	F THERE IS ONE)	DATE HIRED		STATE OF HIRE	
ADDRESS (INCLUDING ZIP)			SEX		MARITAL STATU	3	OCCUPATION/JOE	TITLE		
			M MALE		U UNMARRIED SINGLE/DIVOR	CED				
			F FEMALE		M MARRIED		EMPLOYMENT STA	ATUS	1	
			U UNKNOWN		S SEPARATEI)				
PHONE #			# OF DEPENDENTS		K UNKNOWN		NCCI CLASS COD	E		
					•					
OCCURRENCE/TREAT	MENT									
TIME EMPLOYEE BEGAN AM	DATE OF INJURY/I	LLNESS	TIME OF OCCURR	ENCE	AM LAST V	VORK DATE	DATE EMPLOYER N	OTIFIED	DATE DISABILITY BEGAN	
WORK				CANNOT BE						
CONTACT NAME/PHONE NUMBER			1	DETERMINED	PM	In property	FEFOTER			
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OON TAXIMEN HONE NOMBER							EFECTED CODE			
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