

General Information Worksheet

Injured/Deceased Claimant Information

Last name: Sample First Name: Buster Middle Initial: F
Address: 1111 Main Rd eMail: buster.sample@purity-springs.com
City: Cleveland State: OH Zip Code: 44111 County: Cuyahoga
Phone No.: 216-123-4567 Social Security No.: 123-45-6789
Date of Birth: 3/30/1975 Sex: Male Female Marital Status: Single

Claim Information

Claim No.: 12345678910 Date of Injury: 3/30/2007 Date of Death: 3/30/2007
Location of Accident: ABC Supplies City: Parma State: OH
Job Title: Machine Operator Work phone: 330-278-2737 Risk No: 12-64654
Description of Accident: The claimant was working on printing machinery which has a safety pedal and hand button when his sleeve caught on a printing nib and prevented him from removing his hand as the cutting carriage came down amputating his hand.
Description of Injury: The claimant's hand was amputated by a heavy metal cutter approximately 4 centimeters above the right wrist as depicted in Exhibit A which is attached hereto and made part hereof.

Employer Information

Name: ABC Supplies Job Title: Manager of Engineers
Contact: William Kemper
Address: 54321 Moon St
City: Brecksville State: OH Zip Code: 44321 County: Cuyahoga
Phone No. 216-251-8085 Fax No.: 216-251-8023 FEIN: 34-00100203
Employer's Risk No: 555555 eMail Address: email@abcsupplies.com

Primary Physician Information

Name: James Johnson, MD Initial Treatment Date: 2/28/2007 BWC Provider No. : 1111
Address: 1111 Root Rd Fax No.: 330-278-3252
City: Johnsonville State: OH Zip Code: 12345 Phone No.: 419-111-5265

Injured Worker: Representative's Information

Name: Wilson Bridges
Address: 606 Carson St
City: Wilcox State: OH Zip Code: 44444 Phone No.: 330-287-3252
ID No.: 192837465 Fax No: 330-278-9654
eMail Address: wilson.bridges@wcattorney.com

Employer: Representative's Information

Name: Theodore T. Major
Address: 1010 Burns Neck
City: Willard State: OH Zip Code: 43210 Phone No.: 614-251-8282
ID No.: 23423489203
eMail Address: ttm@aol.com Fax No.: 216-251-4720

MCO Information

Name: Ernest P. Phillips
Case Manager: Patty P. Blake Phone No.: 614-589-9999