| Worker Start Here (Select one) Language preference ☐ English ☐ Spanish ☐ Russian ☐ Korean ☐ Chinese ☐ Vietnamese ☐ Laotian ☐ Cambodian ☐ Other | | | TATO IN THE STATE OF THE STATE | SELF IN UBI 578,03 | CCIDENT Risk Class | CCIDENT REPORT (SIF-2) Risk Class CLAIM NUMBER | | | |
|--|--|--|---|---|---|--|--|---------------------------|--|
| Business name of self insured employer KING COUNTY | | | Name of injured employee (First, middle, last) | | E | Employee's home phone | | | |
| Employer's address 500 - 4th Ave, Ste 500 | | | Mailing address | | | E | Employer's phone number | | |
| City SEATTLE | State 2 | 98104 | City | | State ZIP | So | ocial security nur | nber | |
| Dependent Children: Include unb on number of legally dependent of | orn, estimate birthda hildren. Please indic | ate. Benefits will be ate custody status o | based, in part, f each child. | Family Status (Select or | Sex | Date of birth | Height | Weight | |
| DR | Relationship | Legal custody (Select one) | L te of bith | Infarried Single Vidowed Separated Inforced Legistere Don estic Pal | Job title who of the control of the | | kork? try when did work? | return to | |
| Name of contact a logar guardian, if | wher than self. | hone | Part of body inj | ured or exposed | | | Night | - ten | |
| Address | | | Where did the | injury or exposure | occur? | oyer premises | Were you do | oing your | |
| | State 2 | ZIP | Jobsite i | Parking Lot Uth | er | (0.1 | regular job? ect one) | Tes Ne | |
| Tescriber du la la la njur (nelude a la l | Grant Francisco | | AI | If reporting of | Fincident was de | layed, why? | | .Y | |
| | | | | Address | | | County | | |
| Lis any witnesses Was your emplorer constant der tal and/or your niversand Have you ever a stated losar e or similar and on before Yes No.1 - when? Name of attending health care pr | the date when th | far is med in the factor of th | overtime? Hours/day Days/week | A W S | o you ay te young ay and earlings nount Tips Commissions y authorize my hea | re the one yes [] o | State ZIP I man hyir Pid y ecce in e la res N we read the legal not | ive a bonus st 12 months? | |
| Address City State | rega | ny employer's represent stries any relevant med ording treatment which rker's signature | | er information | Today's | date | ny knowledge and b T rker's signature | elief. Coday's date | |
| mplayor Stort Hara | Hourly rates of the company of the c | fpay \$ /hr | | 10 | | | salary or wages Yes No. White all wof a White all works United by | during the | |
| | | If seasona provide 12 | <mark>l, part time or interr</mark> 2 months gross wag | nittent, | | | | | |
| We e you'c altri at the and a profession to be dather than 100 years and the worker's a by a fall of the profession of t | | Patality Ves Provided Yes duty provided Yes sociated costs | AT | | 3rd party involved? Yes No | 0 | pest m | ecur and | |