PLOYER'S REPORT OF CUPATIONAL INJURY OR ILLNESS	ACCLA	MATION INSURANCE MANAGEMENT SERVI 209-22"-0801 P.O. Box 28100	ICES	OSHA CAŞE NO.
		FRESNO, CA 93729		FATALITY []
y person who makes or causes to be made an owingly taise or fraudulent material statement terial representation for the purpose of obtain ying workers compensation benefits or paym ity of a felony.	date of the incident OR require ling or illness, the employer must file	rers to report within five days of knowledge every occupi es medical freatment beyond first aid. If an employee sub within five days of knowledge an amended report indic by by telephone or telegraph to the nearest office of the	bsequently dies as a result of a previously report ating death. In addition, every serious injury, illn	ed injury or ness, or death
1. FIRM NAME			la. Policy Number	Please do not use
	MOCOLITHO & VEC	מסת כתשיים הדקיים מחשי		this column
SAN TOAOUTN CO. MOSQUITTO & VECTOR CONTROL DISTRICT [2. MAILING ADDRESS: (Rumber, Street, City, Zip)] 2a. Phone Number			2s. Phone Number	
TATA COMMUNICATION NAV				CASE NUMBER
LOCATION if different from Mailing Address		UN CA 952Ub	209 982-4675 3a. Location Code	
				OWNERSHIP
. NATURE OF BUSINESS; e.g., Painting contrac	tor, wholesale grocer, sawmili, hotel, atc.		5. State unemployment insurance acct.no	
MOSOUITO C	ONTEROT			
E. TYPE OF EMPLOYER:		City School District	Tour a Choosini Die	INDUSTRY
Private	State County		Johns Gov't, Specify Special Dis	1.
DATE OF INJURY / DISET OF ILLNESS 8. TIME I)		9. THE EMPLOYEE BEGAN WORK	IV. F EMPLOTEE DIED, DATE OF DEATH (MITVODIYY)	OCCUPATION
1. UNABLE TO WORK FOR AT LEAST ONE 12. DATE	AM 2 PM	7 ± 30 AM PM 13, DATE RETURNED TO WORK (mm/dd/yy)	14, IF STILL OFF WORK, CHECK THIS BOX:	
FULL DAY AFTER DATE OF INJUNTY		13. DATE RETURNED TO WORK (MINUSUNY)	THE STEE OF THORN, CITED THE STATE	
X Yes No 1/	25/05			
15. PAID FULL DAYS WAGES FOR DATE OF 16. SALAR		17. DATE OF EMPLOYER'S KNOWLEDGE MOTICE INJURY/ILLNESS (mm/dd/yy)	OF 18, DATE EMPLOYEE WAS PROVIDED CLAIN FORM FORM (mm/dd/yy)	SEX
NJURY OR LAST YES NO YES	Yes No			
19. SPECIFIC INJURY/ILLNESS AND PART OF BO	DY AFFECTED, MEDICAL DIAGNOSIS if availab	ole, e.g Second degree burns on right ann, tendohitis on left	fibow, lead poisoning 17 20703	AGE
Rash all 20. LOCATION WHERE EVENT OR EXPOSURE OC	CURRED (Number, Street, City, Zip)	20a. COUNTY	21. ON EMPLOYER'S PREMISES?	DAILY HOURS
			Yes No	
District	vard	San Joaquin	XX	
District 22. DEPARTMENT WHERE EVENT OR EXPOSURE	OCCURRED, e.g., Shipping department, machi		ed or ill in this event?	DAYS PER WEEK
yard are	a	N EVENT OR EXPOSURE OCCURRED, e.g., Acetylene	LINO	JANG TENTILE
24. EQUIPMENT, MATERIALS AND CHEMIC	ALS THE EMPLOYEE WAS USING WHE	N EVENT OR EXPOSURE OCCURRED, e.g., Acetylene	e, weiding torch, farm tractor, scanoid	
weeds	C DEDEADABLE WIFE EVENT OF EVEN	DSLIDE OCCUPRED a a Walring spame of matal form	ns. leading hexas onto truck.	WEEKLY HOURS
25. SPECIFIC ACTIVITY THE EMPLOYEE WA	AS PERFORMING WHEN EVENT OR EXPO	OSURE OCCURRED, e.g., Welding seams of metal form		WEEKLY HOURS
25. SPECIFIC ACTIVITY THE EMPLOYEE WA	s performing when event or expo	d jumping on the wee		
25. SPECIFIC ACTIVITY THE EMPLOYEE WA	STERFORMING WHEN EVENTOR EXPO XX Standing an rbage dumpster.	d jumping on the wee	eds to pack	
25. SPECIFIC ACTIVITY THE EMPLOYEE WA	STERFORMING WHEN EVENTOR EXPO XX Standing an rbage dumpster.	d jumping on the wee	eds to pack	
25. SPECIFIC ACTIVITY THE EMPLOYEE WA	STERFORMING WHEN EVENTOR EXPO XX Standing an rbage dumpster.	d jumping on the wee	eds to pack	WEEKLY HOURS WEEKLY WAGE
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