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					N ORIGINAL TO: Risk Management MC 6207 Claims Administrator:					OSHA Case No.		
	OF OCCUPATIONAL Risk Management				Zurich North America Claims					Cuse 110.		
	INJURY OR ILLNESS 215 Panama Street, Building				PO Box 968002					Fatality		
			Stanford, CA	A 94305-6207		Scha	umburg II	. 60196-8002				
Apyrp	oroop who makes or cour	aa ta ha mada	NOTICE	alifornia law roc	wires employers to rep	ort within 4	ivo dave	of knowledge over	0000000	tional injuny or		
Any person who makes or causes to be made any knowingly false or fraudulent material illness which results in lost beyond the date of the incident <b>OR</b> requires medical treatment beyond first a												
statement or material representation for the purpose of obtaining or denying worker's employee subsequently dies as a result of a previously reported injury or illness, the employer must file with five days of knowledge an amended report indicating death. In addition, every serious injury/illness, or deather the series of												
compensation benefits or payments is guilty of a must be reported immediately by telephone or telegraph to the nearest office of the California Division of												
	felony.			al Safety and H		ograph to						
_	1. FIRM NAME Stanford University							1A. POLICY NUMBE WC-8298452	ER	DO NOT USE THIS COLUMN		
E M	Stanford University     wc-8298452       2. MAILING ADDRESS (Number and Street, City, ZIP)     2A. PHONE NUMBER								ER	Case No.		
P	Stanford, CA 94305											
L O	3. LOCATION, IF DIFFERENT FROM MAILING ADDRESS (Number and Street, City, ZIP)       3A. LOCATION CODE         University       SLAC								DE	Ownership		
Y E	4. NATURE OF BUSINES Education/ Researc	nill, hotel, etc.	5. STATE UNEMPLOYMENT INSURANCE ACCT. NO.			E	Industry					
R	6. TYPE OF EMPLOYER ⊠PRIVATE									Occupation		
<u> </u>	7. EMPLOYEE NAME				8. SOCIAL SECURITY	NUMBER	9. DATE	OF BIRTH (mm/dd/yy)	)	Sex		
Е												
M P	10. HOME ADDRESS (Number and Street, City, ZIP)					10A. I		ONE NUMBER		Age		
L O	11. SEX       12. OCCUPATION (Regular job title - No initials, a         MALE       FEMALE				abbreviations or numbers)	previations or numbers) 13. DAT			)	Daily hours		
Y	14. EMPLOYEE USUALL			MENT STATUS (C	Check applicable status at the	me of injury		Under what class code		Days per week		
E	p/day p/week	hours     days     total     regular       p/day     p/week     weekly hrs.     □full-time □part-time □temporary□seasonal							gnea?			
	14C. DEPARTMENT		ROSS WAGES/S		OTHER PAYMENTS NOT		D AS WAGE	S/SALARY (e.g., tips,		Weekly hours		
		\$	per									
	17. DATE OF INJURY OF		. TIME INJURY/IL	LNESS	19. TIME EMPLOY			20. IF EMPLOYEE DIE	ED,	Weekly wage		
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