

CompData

Party Information

APPLICANT	DOE, JOHN		
FILE / CLAIM NUMBER		SSN	000-00-0000
WCAB CASE	SFO 1234567	LAST INQUIRY	08/09/2007

INJURED WORKER

DOE, JOHN
123 ABC LN APT 2
SAN JOSE CA 99999

Last Update: 03/02/2006

OFFICIAL ADDRESS RECORD

EMPLOYER

ABC COMPANY
456 MADE UP DR. STE 101
SAN JOSE CA 99999

Last Update:

OFFICIAL ADDRESS RECORD

INSURER

XYZ INSURANCE COMPANY
789 FAKE ST.
SAN JOSE CA 99999

OFFICIAL ADDRESS RECORD

WORKERS' COMPENSATION APPEALS BOARD

WCAB SAN FRANCISCO
30 VAN NESS AVENUE, RM. 3100
PO BOX 42903
SAN FRANCISCO, CA 94102-3284
(415) 557-0680

Last Update: 12/05/1995

USER ENTERED PARTY

CompData Injured Body Parts

APPLICANT DOE, JOHN
FILE / CLAIM NUMBER
SSN 000-00-0000
LEGAL REPRESENTATIVE NOT ASSIGNED
ADJUSTER NOT ASSIGNED
INTERNAL LOCATION NOT ASSIGNED
INTERNAL STATUS NOT ASSIGNED
EMPLOYER / INSURED NOT ASSIGNED
LAST INQUIRY 08/09/2007

WCAB CASE	LOCATION	DATE(S) OF INJURY	DOB	GENDER
SFO 1234567	SFO	01/12/2005	02/18/1957	
Injury Type	SPECIFIC			
513	KNEE (Patella)			
WCAB Status	INACTIVE			