

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: sheila

LAST NAME: johnson

SSN:

ACCIDENT DATE:
YEAR MONTH DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: sheila

LAST NAME: paster

SSN:

ACCIDENT DATE:

YEAR

MONTH

DAY

LABOR MANAGEMENT INFORMATION SYSTEM

*** CLAIMANT ALPHA-SEARCH ***

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: billy

LAST NAME: parker

SSN:

ACCIDENT DATE:
YEAR MONTH DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: bruce carlton

LAST NAME: conley

SSN:

ACCIDENT DATE :
YEAR MONTH DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: edward

LAST NAME: mcghee

SSN:

ACCIDENT DATE:
YEAR MONTH DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: jackson

LAST NAME: parker

SSN:

ACCIDENT DATE:
YEAR MONTH DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: jacqueline

LAST NAME: mail

SSN:

ACCIDENT DATE:

YEAR

MONTH

DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: michell

LAST NAME: tompkins

SSN:

ACCIDENT DATE:

YEAR

MONTH

DAY

LABOR MANAGEMENT INFORMATION SYSTEM

*** CLAIMANT ALPHA-SEARCH ***

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: mitchell

LAST NAME: tompkins

SSN:

ACCIDENT DATE:
YEAR MONTH DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME:

LAST NAME: musawwir

SSN:

ACCIDENT DATE:

YEAR

MONTH

DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: nathaniel

LAST NAME: lavender

SSN:

ACCIDENT DATE:
YEAR MONTH DAY

LABOR MANAGEMENT INFORMATION SYSTEM

*** CLAIMANT ALPHA-SEARCH ***

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: stephen

LAST NAME: paster

SSN:

ACCIDENT DATE:
YEAR MONTH DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: benjamin

LAST NAME: wahi

SSN:

ACCIDENT DATE:
YEAR MONTH DAY

LABOR MANAGEMENT INFORMATION SYSTEM

*** CLAIMANT ALPHA-SEARCH ***

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: vincente

LAST NAME: pierre

SSN:

ACCIDENT DATE:
YEAR MONTH DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: david

LAST NAME: dabi

SSN:

ACCIDENT DATE:
YEAR MONTH DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME:

LAST NAME: harleston

SSN:

ACCIDENT DATE:

YEAR

MONTH

DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: kevin

LAST NAME: cherry

SSN:

ACCIDENT DATE:

YEAR

MONTH

DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: khalid

LAST NAME: barr

SSN:

ACCIDENT DATE:
YEAR MONTH DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: khaled

LAST NAME: barr

SSN:

ACCIDENT DATE:
YEAR MONTH DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: marsha

LAST NAME: dunston

SSN:

ACCIDENT DATE: MONTH DAY
 YEAR

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: mason

LAST NAME: carswell

SSN:

ACCIDENT DATE:
YEAR MONTH DAY

sk
[Signature]
6-01-91

CLAIMANT	DOB	SSN	DOA	PART-OF-BODY	HRNG DATE	WC NBR
		CARRIER	CLAIM NBR	CARRIER	CLAIM NBR	
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MARK SELECTION WITH X AND ENTER OR HIT ENTER TO CONTINUE
3730171

LABOR MANAGEMENT INFORMATION SYSTEM

*** CLAIMANT ALPHA-SEARCH ***

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: eugene

LAST NAME: spencer

SSN:

ACCIDENT DATE:
YEAR MONTH DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: james robert

LAST NAME: scurdy

SSN:

ACCIDENT DATE:
YEAR MONTH DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: lela

LAST NAME: somerville

SSN:

ACCIDENT DATE:
YEAR MONTH DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: andrea

LAST NAME: dubois

SSN:

ACCIDENT DATE:

YEAR

MONTH

DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: andrea

LAST NAME: dubose

SSN:

ACCIDENT DATE:
YEAR MONTH DAY

LABOR MANAGEMENT INFORMATION SYSTEM

* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: janine

LAST NAME: dubose

SSN:

ACCIDENT DATE:
YEAR MONTH DAY

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* * * CLAIMANT ALPHA-SEARCH * * *

ENTER AS MUCH INFORMATION AS POSSIBLE

CLAIMANT FIRST NAME: janine

LAST NAME: dubois

SSN:

ACCIDENT DATE:
YEAR MONTH DAY