



Name: Smith, John
SSN: xxx-xx-6789
Customer Location: ABC101#00001

Printed Date: 10/03/2018
Completed Date: 10/03/2018
Control Code:

Workers' Comp

State: OH Years Checked: 7 year search
Alias Found: No Risk Factor:
Aliases:
Record Found: Yes

Details

Date of Claim	Claim Number	Date of Injury	Specifics
05/07/2015	123456	05/0/2015	Eye Injury- No other information available

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