

**ILLINOIS FORM 45: EMPLOYER'S FIRST REPORT OF INJURY**

*Please type or print.*

Employer's FEIN	Date of report 03/24/2004	Case or File #	Is this a lost workday case? Yes / No
Employer's name River North, LLC	Doing business as		
Employer's mailing address 504 N. Wells Street Chicago IL 60610			
Nature of business or service		SIC code	
Name of workers' compensation carrier/admin. Commerce and Industry	Policy/Contract # 007827142	Self-insured? Yes / No	
Employee's full name Hari Ghan	Social Security # 021-76-6095	Birthdate 03/24/1973	
Employee's mailing address 5600 N. Sheraton Rd Chicago IL 60610		Employee's e-mail address	
Male / Female	Married / Single	# Dependents	Employee's average weekly wage
Job title or occupation		Date hired	
Time employee began work AM PM	Date and time of accident 02/29/2004 09:00 PM	Last day employee worked	
If the employee died as a result of the accident, give the date of death.		Did the accident occur on the employer's premises? <input checked="" type="checkbox"/> Yes / No	
Address of accident River North LLC 504 N. Wells Chicago IL 60610			
What was the employee doing when the accident occurred?			
How did the accident occur? Cutting fish			
What was the injury or illness? List the part of body affected and explain how it was affected. Nature of Injury: Lacerations/Cuts Part of Body: Upper Extremities:Finger(s) Index			
What object or substance, if any, directly harmed the employee?			
Name and address of physician/health care professional			
If treatment was given away from the worksite, list the name and address of the place it was given.			
Was the employee treated in an emergency room? Yes / No		Was the employee hospitalized overnight as an inpatient? Yes / No	
Report prepared by Michele Rowan	Signature		Title and telephone # 516 7663513

Please send this form to the ILLINOIS INDUSTRIAL COMMISSION 701 S. SECOND STREET SPRINGFIELD, IL 62704 . IC45 9/03  
 By law, employers must keep accurate records of all work-related injuries and illness (except for certain minor injuries). Employers shall report to the Commission all injuries resulting in the loss of more than three scheduled workdays. Filing this form does not affect liability under the Workers' Compensation Act and is not incriminatory in any sense. This information is confidential.