

WC INSURANCE INFORMATION

NAME OF PATIENT: Ainah Monet Solomon

DATE OF BIRTH: 09/04/1977

SSN: xxx-xx-8381

ADDRESS: 2550 Olinville Avenue, Apt. 15D, Bronx, NY 10467

TELEPHONE: 718-612-4323

EMPLOYER AT TIME OF ACCIDENT: Jacobi Medical Center

Address: 1400 Pelham Parkway South, Bronx, NY 10461

INSURANCE CARRIER: NYC LAW DEPARTMENT

ADDRESS: 350 JAY STREET, 9<sup>TH</sup> FLOOR, BROOKLYN, NEW YORK 11201

CARRIER CASE NUMBER: 0819-1711-3144

WCB NUMBER: G1841258

DATE OF INJURY: 01/27/2017