New Hampshire

Employer's First Report of Injury Submission Date:

WEB-8WC -	
NHDOL# -	

EMPLOYEE INFORMATION												
Employee Name (Fir		Gen				Hired Date	Hired in NH					
ID Type - Employee ID					Date of Birth	e of Birth Age			Occupation when Injured			
									Uro por	Dave per	Average Weekly	
Employee Address				1	elephone		Wages p	er Hou	r Hrs per Day	Days per Week	Average Weekly Earnings	
						L			•		'	
*****INJURY INFORMATION***												
Injury Date / Time		Date Em	oloyer Notifie	ed	Location/Jobsite & Business Name where accident occurred							
of Injury					Location/Jobbsite & Dusiness Haine Where accident occurred							
Disability Reven Date												
Disability Began Date												
Olaina Tura	F. II	Magas Daid	l an Inium Date		-							
Claim Type	Full	wages Paid	on Injury Date	;	-							
Accident Description												
Accident Description												
Body part Injured					Cause of Injury							
Body part injured					Cause of Injury							
Nature of Injury					Witness Name Witness Phone							
Returned to work? If so, what date? If so, at what of				at occ	cupation? If so, at what duty status?							
Initial Treatment	Initial Treatment Initial Treatment Date											
Name of Treating Physician					Name of Trea	ating Hos	spital	Has injured died? If so, what date				
EMPLOYER INFORMATION												
				*** <u>E</u>	MPLOYER	INFOR	WAIION	***				
Employer Name Employer FEIN									FEIN	Industry Code		
Employer Contact Name Contact Ph				Dhon	e Number	Employ	er Rusina	Isiness Address				
Employer Contact Name Contact P		11011	C NUITIDEI	Employer Business Address								
Managed Care Orga	nization											
Leased Employee? Client Company						OCIP/Wrap-Up Policy? Name of policy holder						
INSURER INFORMATION												
Insurance Carrier					Insurer				cy Number	٦	Telephone Number	
				***C	UBMITTER	INEOP	MATION	[***			1	
								, 		<u> </u>		
Submitter Name					fitle of	Submitter		Represents		Т	elephone Number	
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8WC (07/2019) To file this report, email to <u>firstreport@dol.nh.gov</u> Fax Number: (603)271-0126 or Mail to: NH Department of Labor Workers' Compensation Division 95 Pleasant St. Concord NH 03301