New Hampshire

Employer's First Report of Injury

WEB-8WC –
NHDOL# –

Submission Date:

EMPLOYEE INFORMATION

Employee Name (First & Last)	Gender	Hired Date	Hired in NH

Employee ID	Date of Birth	Age	Occupation when Injured

Employee Address	Telephone	Wages per Hour	Hrs per Day	Days per Week	Average Weekly Earnings

INJURY INFORMATION

Injury Date / Time	Date Employer Notified of Injury	Location/Jobsite & Business Name where accident occurred
Disability Began Date		
Claim Type	Full Wages Paid on Injury Date	

Accident Description

Body part Injured	Cause of Injury	
Nature of Injury	Witness Name	Witness Phone

Has injured returned to work?	If so, what date?	If so, at what occupation?	If so, at what duty status?

Initial Treatment

Initial Treatment Comments

Name of Treating Physician	Name of Treating Hospital	Has injured died? If so, what date

EMPLOYER INFORMATION

Employer Name	Employer FEIN	Industry Code

Employer Contact Name	Contact Phone Number	Employer Business Address
Managed Care Provider		
Leased Employee? Client Company		OCIP/Wrap-Up Policy? Name of policy holder

INSURER INFORMATION

Insurance Carrier	Insurer Type	Policy Number	Telephone Number

SUBMITTER INFORMATION

Submitter Name	Title of Submitter	Represents	Telephone Number