New Hampshire

Employer's First Report of Injury Submission Date:

WEB-8WC - NHDOL# -

EMPLOYEE INFORMATION									
Employee Name (First &	_m. LVILL	Gender Hired Date		Hired Date		Hired in NH			
ID Type - Employee ID			Date of Birth	Age Occupa		ccupation when	pation when Injured		
Employee Address			Telephone	Wages per Hour		Hrs per Day	Days per Week	Average Weekly Earnings	
								9	
INJURY INFORMATION									
Injury Date / Time Date Employer Notifie									
of Injury		,	Location/Jobsile & Busiliess Maine where accident occurred						
Disability Began Date									
Disability Begain Date			\dashv						
Claim Type Full Wages Paid on Injury Date									
***** - 7 Fr		,y = 2000	\exists						
Accident Description									
Body part Injured	Cause of Inju	Cause of Injury							
Nature of Injury			Witness Name			Witness Phone			
Returned to work? If so, what date? If so, at what o			occupation?	cupation? If so, at what duty status?					
250, water date: 250, water date: 250, at many occupants.									
Initial Treatment Initial Treatment Date									
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	none Number	one Number Employer Business A							
Contact P		ione Muniber	ne Number Employer Business Ad						
Managad Care Organi		-							
Managed Care Organization									
Leased Employee? Client		OCIP/Wrap-Up Policy? Name of policy holder							
Leaseu Employee: Client		OCH/WIAP-OP FORCY: Name of poncy florder							
INSURER INFORMATION									
Insurance Carrier							cy Number Telephone Number		
SUBMITTER INFORMATION									
Subn	nitter Name			f Submitter		Represents	Te	elephone Number	