First Report of Injury

Virginia Workers' Compensation Commission
workcomp.virginia.gov

Jurisdiction Claim Number (JCN), if assigned	Claim Administrator Number

Employer Information

Employer's Legal Name	Federal Employer Identification Number (FEIN)		
Mailing Address	City	State	Zip Code
Name/FEIN of Entity on Policy, if applicable	Nature of Business, if applicable		
Name of Insurer or Self-Insurer for this Claim, if applicable	Policy Number, if applicable		
Address of Insurer or Self-Insurer for this Claim, if applicable	City	State	Zip Code

Injured Worker Information

Name	Date of Birth	ID Number	Occupation	
Address		City	State	Zip Code
Phone Number	Gender ☐ Female ☐ Male ☐ Nonbinary ☐ Transgender ☐ Unknown			
Identification Type ☐ Social Security Number ☐ Employment Visa ☐ Green Card ☐ Passport Number ☐ Unknown				

Illness or Injury Information

Location of Illness/Injury	Date Illness/Injury Occured	Date Illness/Injury was Reported	Date of Death, if Applicable
Time of Illness/Injury	If Death Occurred, List Number of Dependent Children		
If Death Occurred, Select Marital Status ☐ Married ☐ Separated ☐ Unmarried, Widowed, Divorced, or Single ☐ Unknown			
Type of Machine, Tool, or Object Which Caused Illness/Injury	Describe Illness or Injury, Including Body Parts Affected		
Describe How Illness or Injury Occurred			

Signature

SUBMITTER (Required)	PRINT	DATE	PHONE NUMBER
SUBMITTER'S ADDRESS	CITY	STATE	ZIP CODE

First Report of Injury Filing Instructions

Report the Injury or Illness

The Virginia Workers' Compensation Act requires employers to report all workplace injuries and occupational diseases to the Commission under Va. Code § 65.2-900. In accordance with 16VAC30-91-20, all claims reports must be filed electronically with the Commission.

Uninsured employers who do not have a claim administrator or insurance carrier and are unable to file electronically must submit the First Report of Injury form directly to the Virginia Workers' Compensation Commission.

Employer Responsibilities

The employer is responsible for accurately completing all sections of this form when an employee is injured or is diagnosed with an occupational disease. The form should be typed or legibly printed, signed, and dated by the preparer. **Send the original form to the claim administrator for the insurance company who provided insurance coverage on the date of the occurrence, if applicable.** The claim administrator will report this information to the Commission if the employer has coverage. Otherwise, the employer should submit the First Report of Injury directly to the Virginia Workers' Compensation Commission.

Uninsured employers who do not have a claim administrator or insurance carrier and are unable to file electronically must submit the First Report of Injury form directly to the Virginia Workers' Compensation Commission.

Claim Administrator Responsibilities

Claim administrators who are EDI enabled will use the information contained on this form to submit electronic data to the Commission. Claim administrators who are not EDI enabled should contact the Virginia Workers' Compensation's EDI Support team at EDI.Support@workcomp.virginia.gov for support in getting set up with the EDI system.

Uninsured Employers' Responsibilities

Uninsured employers who do not have a claim administrator or insurance carrier and are unable to file electronically must submit the First Report of Injury form directly to the Virginia Workers' Compensation Commission.

Virginia Workers' Compensation Commission (VWC)

VWC Ombudsman Department- If you are an uninsured employer and/ or are not represented by an attorney, you can contact the Ombudsman Department toll-free at 833-448-1681.

Other Questions? For other questions or assistance completing this form, please contact the Commission toll-free at 877-664-2566.