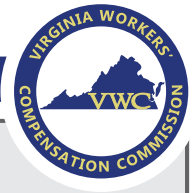


First Report of Injury

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



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.