

REPORTING WORKERS' COMPENSATION CLAIMS DISTRICT OF COLUMBIA

You should report workers' compensation claims to us as soon as possible after a work-related injury occurs. District of Columbia insurance laws require that a report of injury must be received at the DC Office of Workers' Compensation within **10 days** of the date that you, as the employer, become aware of the work-related injury or illness.

**NOTE: IF THIS ACCIDENT HAS RESULTED IN THE EMPLOYEE'S DEATH
YOU MUST NOTIFY US IMMEDIATELY.**

INSTRUCTIONS FOR PREPARING DISTRICT OF COLUMBIA FORM NO. 8 - DCWC

We understand the DC First Report of Injury or Occupational Disease may appear confusing. In order to make it easier to complete, we ask that you follow the steps outlined on page 2. We have indicated where information is **not required**; for all other items, complete as many as you can – we will make calls to obtain the rest of the information.

DISTRICT OF COLUMBIA FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

If you are unable to complete all of this form, please **DO NOT** let this keep you from providing us with as much information as you have. The **MOST** important thing is that we receive the basic information **IMMEDIATELY!**

Provide the Employee Name and Address (REQUIRED), Employer Name and Address (REQUIRED) and the Insurer Name and Address (REQUIRED)

Complete the following information:

1. Date and Time of Injury, including the day of the week and the employee's customary start time
2. If the employee has returned to work, indicate the date and time, and at what wage
3. If this claim involves a fatality, provide the date of death (note that a supplemental report will be requested by the insurance carrier)
4. Answer if the injured employee was given a Form No. 7 DCWC (EMPLOYEE'S NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE), and the name of the Employee's Foreman or Supervisor, and how the foreman first learned of the injury
5. Gender (REQUIRED) Date of Birth (REQUIRED) EE's Telephone (contact) number (REQUIRED)
6. Employee's occupation, regular occupation, and the department where he/she was employed
7. Was the injured EE hired in DC? How long employed (REQUIRED)
8. Complete information regarding wages and compensation to the extent possible
9. Describe Employer's business in DC
10. Employer's telephone number (REQUIRED) and WC Insurance Policy # (REQUIRED)
11. Location of accident and description of accident
12. Names of witnesses (IF APPLICABLE)
13. Name of Physician and/or Hospital (IF APPLICABLE)