New Hampshire

Employer's First Report of Injury Submission Date:

WEB-8WC - NHDOL# -

EMPLOYEE INFORMATION													
Employee Name (First & Last)					LIVII LOTEL IINFORIV			Gender		Hired Date		Hired in NH	
ID Type - Employee ID					Date of Birth			Age	Oc	cupation when	Injured		
								Wars		Hen man	Dave non	A vrov \$37 1 1	
Employee Address					Telephone		Wages per Hour		Hrs per Day	Days per Week	Average Weekly Earnings		
												-5-	
INJURY INFORMATION													
Date Employer Not			plover Notif		ed								
Injury Date / Time		of Injury			Location/Jobsite & Business Name where accident occurred								
Disability Began Date													
Claim Type	F	ull Wages Pai	ate										
Accident Description													
Body part Injured					Cause of Injury								
250) part injured		Cause of injuly											
Notine of Injury					YV/4N					W/4 Dl			
Nature of Injury					Witness Name					Witness Phone			
Returned to work? If so, what date? If so, at what of					cupation? If so, at what duty status?								
Initial Treatment		Initial T					Treatment Date						
Nome of Treating Physician					Name of Taxandan II amidal				Heatiniumed dis 19 Herr and 4 date				
Name of Treating Physician					Name of Treating Hospita			al	+	Has injured died? If so, what date			
EMPLOYER INFORMATION													
Employer Name									Employer	FEIN	Industry Code		
												-	
Employer Contact Name Contact Pl			Pho	ne Number	Employe	r Busin	ess Ac	ldress					
Managed Care Organi			1										
Leased Employee? Cli			OCIP/Wrap-Up Policy? Name of policy holder					holder					
Zimproject Cil		OCIT, Trup of Foney Trume of poney non											
INSURER INFORMATION													
li		Insurer				cy Number		elephone Number					
		nce Carrier										·	
						Ξ							
			*	**SI	JBMITTER	IN	NFORM	ATIO	N***				

Title of Submitter

Represents

Telephone Number

Submitter Name