



District of Columbia Government  
Office of Worker's Compensation  
P.O. Box 56098  
Washington, DC 20011  
(202) 671-1000

**Warning:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Date of This Report

Employee Social Security No.

Employer Identification No.

Insurer No.

## EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

Employee Name and Address:	Employer Name and Address:	Insurer Name and Address:

**IMPORTANT:** Every employer shall file this report as soon as possible after knowledge of an occupational injury or disease to one of his/her's employees, but no later than ten days thereafter. Failure to file this form shall be subject to civil penalty not to exceed \$1,000.

Date and time of Injury \_\_\_\_\_ am/pm? Day of the week? 14  
Normal starting time 06:00 P am/pm? If employee back to work, give date and time 0000-00-00 am/pm? At  
what wage? Esse nobis sed n If fatal, give date of death 12-Mar-1987 (file supplement report) Date  
of disability began? 12/21/2021 am/pm? Was the injured paid in full for this day? 23 Was the  
injured given Form No. 7 DCWC? Maxime molestiae Foreman Sapiente perferendis When did  
you or the foreman first learn of the injury? Reprehenderit accusa Male  
☒ Female ☐ DOB 11/24/20 Employee's Telephone No. +1 (109) 191-7178  
Occupation when injured? Vel molestiae cum do Was this his/her regular occupation? Dignissimos ipsa du  
(Department or branch regularly employed) Qui eveniet vel rep  
Was the injured hired in DC? Pariatur Qt How long employed by you? Asperiores ad iure n  
Piece or time worker? Quas quasi temporibu Hourly wage? Nemo magi Hours worked/day 14  
Daily wages Architecto id Days worked per week 13 Average weekly earnings 2013 If  
board and lodging were furnished or gratuities reported in addition to wages, give estimated value per day, week or month: Temporibus do  
Employer's principal business function in DC Aliquid proident et  
Employer's Telephone No. \_\_\_\_\_ Insurance Policy No. Dolor molestiae repu  
Location of plant or place where accident occurred: Voluptas maiores qui On  
employer's premises? Iste fugiat explica  
Describe fully the events which resulted in injury or disease, what the employee was doing when injured and type of injury including parts of the  
body affected: Esse tempor atque qu

Name of Witnesses \_\_\_\_\_  
Nature and location of injury (Describe fully): Non ut sint est ea

Attending Physician and Address (If Hospital Involved – Indicate):

Sint nihil aperiam s

Name (Please Print or Type)

Signature

Official Position

Name of Person Completing Form