FIRST REPORT OF INJURY OR ILLNESS

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

For assistance call 1-800-342-1741
or contact your local EAO Office
Report all deaths within 24 hours 1-800-219-8953 or (850) 922-8953

RECEIVED BY CLAIMS-HANDLING ENTITY	SENT TO DIVISION DATE	DIVISION RECEIVED DATE
01/15/2026		

PLEASE PRINT OR TYPE

EMPLOYEE INFORMATION

NAME (First, Middle, Last): Megan E Gonzalez

Social Security Number: ###-##-3734

Date of Accident (Month-Day-Year): 01/14/2026

Time of Accident: 11:50 ☒ AM ☐ PM

HOME ADDRESS
Street/Apt #: 19907 Wilkinson Leas Rd.
City: Tequesta State: FL Zip: 33469

TELEPHONE Area Code Number: (561) 906-2848

EMPLOYEE'S DESCRIPTION OF ACCIDENT (Include Cause of Injury)
The teacher was on a field trip with the student brushing a horse and another horse came from the side and kicked her left leg above the knee.

OCCUPATION: School Professional Employees

INJURY/ILLNESS THAT OCCURRED: 01 - Traumatic Injury - Contusion

PART OF BODY AFFECTED: Lower Extremities - Knee-Left
Upper Leg-Left

DATE OF BIRTH: 1 / 7 / 1992

SEX: ☐ M ☒ F

EMPLOYER INFORMATION

COMPANY NAME: Palm Beach County Schools
D. B. A.:
Street: 3370 Forest Hill Boulevard
City: West Palm Beach State: FL Zip: 33406

TELEPHONE Area Code Number:

FEDERAL I.D. NUMBER (FEIN): 59-6000783

DATE FIRST REPORTED (Month/Day/Year): 01/14/2026

NATURE OF BUSINESS: Education

POLICY/MEMBER NUMBER: Copy of Fiscal Year

DATE EMPLOYED: 3 / 3 / 2015

PAID FOR DATE OF INJURY: ☒ YES ☐ NO

EMPLOYER'S LOCATION ADDRESS (If different)
Street: 3370 Forest Hill Boulevard
City: West Palm Beach State: FL Zip: 33406
LOCATION # (If applicable):

LAST DATE EMPLOYEE WORKED: / /

RETURNED TO WORK ☒ YES ☐ NO
IF YES, GIVE DATE: 1 / 15 / 2026

WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP? ☐ YES

LAST DAY WAGES WILL BE PAID INSTEAD OF WORKERS' COMP: / /

PLACE OF ACCIDENT (Street, City, State, Zip)
Street: 4701 10th Avenue North
City: Greenacres State: FL Zip: 33463
COUNTY OF ACCIDENT:

DATE OF DEATH (If applicable): / /

AGREE WITH DESCRIPTION OF ACCIDENT? ☒ YES ☐ NO

RATE OF PAY ☒ HR ☐ WK
$ 0.00 PER ☐ DAY ☐ MO
Number of hours per day: 0
Number of hours per week: 0
Number of days per week: 5

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234. Section 440.105(7), F.S.
I have reviewed, understand and acknowledge the above statement.

EMPLOYEE SIGNATURE (If available to sign) DATE

EMPLOYER SIGNATURE DATE

NAME, ADDRESS AND TELEPHONE OF PHYSICIAN OR HOSPITAL
Urgernt Care of the Palm Beaches
, FL

AUTHORIZED BY EMPLOYER ☒ YES ☐ NO

CLAIMS-HANDLING ENTITY INFORMATION

☐ 1(a) Denied Case - DWC-12, Notice of Denial Attached
☐ 1(b) Indemnity Only Denied Case - DWC-12, Notice of Denial Attached
☐ 2. Medical Only which became Lost Time Case (Complete all required information in #3)
Employee's 8TH Day of Disability / /
Entity's Knowledge of 8TH Day of Disability / /
☐ 3. Lost Time Case - 1st day of disability / / Full Salary in lieu of comp? ☐ YES Full Salary End Date / /

Date First Payment Mailed / / AWW Comp Rate

☐ T.T. ☐ T.T. - 80% ☐ T.P. ☐ I.B. ☐ P.T. ☐ DEATH ☐ SETTLEMENT ONLY

Penalty Amount Paid in 1st Payment $ Interest Amount Paid in 1st Payment $

REMARKS:

INSURER NAME: Palm Beach County Schools

CLAIMS-HANDLING ENTITY NAME, ADDRESS & TELEPHONE
Johns Eastern Co., Inc.
P.O. Box 110279
Lakewood Ranch, FL 34211
(800) 749-3044

INSURER CODE #	EMPLOYEE'S CLASS CODE	EMPLOYER'S NAICS CODE
9379	8868	611110

SERVICE CO/TPA CODE #	CLAIMS-HANDLING ENTITY FILE #
6043	1320109

Form DFS-F2-DWC-1 (03/2009) Rule 69L-3.025, F.A.C.

Tier 3: John I Leonard High Tier 4: Author: Zoraida Mickle

Author Phone: () -

DWC-1 Purpose and Use Statement

The collection of the social security number on this form is specifically authorized by Section 440.185(2), Florida Statutes. The social security number will be used as a unique identifier in Division of Workers' Compensation database systems for individuals who have claimed benefits under Chapter 440, Florida Statutes. It will also be used to identify information and documents in those database systems regarding individuals who have claimed benefits under Chapter 440, Florida Statutes, for internal agency tracking purposes and for purposes of responding to both public records requests and subpoenas that require production of specified documents. The social security number may also be used for any other purpose specifically required or authorized by state or federal law.