

Employer's Accident Report

(Virginia)

INSTRUCTIONS:

The **employer** must fill out this report within 10 days of injury.

If an injury first reported as minor subsequently meets one or more of the following criteria for filing a first report, that report must be filed immediately.

Criteria:

- a. Lost time exceeds seven days;
- b. medical expenses exceed \$1,000;
- c. condensability is denied;
- d. issues are disputed;
- e. accident resulted in death;
- f. permanent disability or disfigurement may be involved, or;
- g. a specific request is made by the Virginia Workers' Compensation Commission for this form.

Send the original form to your insurance carrier; Send a copy to the Commission and keep a copy for your files.

Employer:

- Fill out this form whenever one of your employees is injured. Provide all the information requested, except the information in the top right corner.
- Send the original beige form to your **insurance carrier**, claims servicing agency, or third party administrator for processing. If you are self-insured, send it to your organization's designated office for handling workers' compensation claims.
- If you are an employer subject to OSHA record-keeping requirements, you may retain a copy of this completed form as a supplementary record of occupational injury or illness. Use block #3 (Employer's Case No.) to cross-reference your master log of accidents and illnesses.
- In Block 7, include NAICS code, if applicable.
- In Block 29, include SOC code, if applicable.

Insurance carriers, self-insured employers, Professional Employer Organizations (PEO's), and authorized representatives:

1. For accidents meeting one of the seven criteria for establishing a Commission Case File, submit the original form and one copy to the Virginia Workers' Compensation Commission. The code for the reason for filing should be written at the top right of the form.
2. When processing these forms prior to transmittal to the Commission, please include the information requested at the top right of the form, verify that the carrier name and policy number given by the employer are accurate, and enter your name and phone number, and the date of processing at the bottom of the form.
3. Insurer code at the top right of the form refers to the five-digit code assigned by NCCI. If you are self-insured, it refers to a similar five-digit number assigned by the Virginia Workers' Compensation Commission. A PEO must use the VWCC reference number.
5. On Lines 8 and 9, the employer or carrier is to give the name of the responsible carrier as set forth on the policy (line 8) and that carrier's policy number (line 9).

Type or print all information in black ink and sign the form on line 50.

Submit to:

Virginia Workers' Compensation Commission
1000 DMV Drive
Richmond, VA 23220