Employer's Accident Report

(formerly: Employer's First Report of Accident)
Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220
See instructions on the reverse of this form

The boxes to the right are for the use of the	Reason for filing	VWC file number
	Insurer code or PEO Ref. No.	Insurer location
	Insurer claim number	

Old Dominion University Research Foundation

54-6068198

P. O. Box 6369
Norfolk. VA 23508

6. Parent corporation /Policy Named Insured (if applicable) or PEO name	7. Nature of business (NAICS code, if applicable)	
8. Name and Address of Insurer or self-insurer for this claim St. Paul Traveler's	9. Policy number PHUB194OC57907	10. Effective date 10/25/2007

Time and Place of Accident

11. City or county where accident occurred	12. Date of injury	13. Hour of injury ☐ a.m. ☐ p.m 13a. Time began work ☐ a.m. ☐ p.m	14. Date of incapacity	15. Hour of incapacity
16. Was employee paid in full for day of injury? ☐ Yes ☐ No		17. Was employee paid in full for day incapacity began? ☐ Yes ☐ No		
18. Date injury or illness reported	19. Person to whom reported	20. Name of other witness	21. If fatal, give date of death	

Employee

22. Name of employee (Last, First, Middle)	23. Phone number	24. Sex

(Instructions Updated 09/01/07)

This form must be completed by the employer, the employer's representative or the insurer and filed within 10 days after the notice of a work-related injury, occupational illness/disease or if the occurrence resulted in death to the worker. If the employer or its representative completed the form, the form should be submitted to the insurer who provided insurance coverage on the date of the occurrence, and the insurer will immediately file the original and one copy of the completed form with the Virginia Workers' Compensation Commission, 1000 DMV Drive, Richmond, VA 23220. The additional copy of the Employer's Accident Report (VWC Form No. 3) will be furnished to the Virginia Department of Labor and Industry. The filing of this form with the Commission is a requirement under §65.2-900 of the Act.

1. As the employer, you are responsible for accurately completing all sections of this form when one of your employees is injured. It should be typed or legibly printed, signed, and dated by the preparer. Your insurance carrier, claims servicing agency, self-insured employer's representative or third-party administrator should complete the information in the top right corner.
2. The "trading as" or "doing business" as name should appear in Block l and the Parent Corporation (policy named insured) should be reflected in Block 6.
3. Provide the insurance information (name, address, policy number, and effective date of the policy), that covers the date that the work-related accident or occupational illness or disease occurred, in Blocks 8, 9 and 10.
4. As the employer, if you are subject to OSHA record-keeping requirements, a copy of this completed form may be retained as a supplementary record of an occupational illness or disease. Use Block 3 (Employer's Case No.) to cross-reference any master-log of work-related accidents, illnesses, diseases and death claims.
5. Send the original beige form to your insurance carrier, claims servicing agency, or third-party administrator for processing.

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1. The insurer should provide the information at the top right of the form. Use a numerical code (1-7) to indicate the reason for filing the form for accidents meeting one of the filing criteria's*. When using a code reason (7) provide the VWC file number. Note that the insurer code refers to the five-digit numeric code assigned by the National Counsel on Compensation Insurance (NCCI). The Virginia Workers' Compensation Commission assigns self-insured employers a similar five-digit code number. Professional Employer Organizations (PEO's) must use the VWC reference number.
2. If the work-related accident or occupational illness or disease does not meet one of the filing criteria*, a Report of Minor Injuries (VWC Form 45-A) should be completed for the occurrence and timely filed with the Virginia Workers' Cortrm oyvce VVirg