

THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF LABOR  
SPAULDING BUILDING  
95 PLEASANT STREET  
CONCORD, NEW HAMPSHIRE

**NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE 8aWCA**

To: Town of New Durham, PO Box 207, 4 Main St, New Durham, NH 03855 Tel: 859-2091

**IN ACCORDANCE WITH RSA 281-A: 20**, this is to notify you that an injury occurred.

\_\_\_\_\_  
Name of Injured Employee  
\_\_\_\_\_  
Address of Injured Employee  
\_\_\_\_\_  
Date of Accident or 1<sup>st</sup> Treatment

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Place Accident Happened

Describe your injury or disease and how it happened. Identify the body parts(s) affected. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have been unable to work since my injury. \_\_\_\_\_  
Yes No

I have incurred the following medical bills. \_\_\_\_\_  
Name of Doctor Dates of Service Amount  
\_\_\_\_\_  
Name of Hospital Dates of Service Amount  
\_\_\_\_\_  
Other Dates of Service Amount

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

This form can be returned to the Town of New Durham with or without the employer's signature.

**NOTICE TO EMPLOYER**

Your must file an employer's first report, Form no. 8WC, with the labor commissioner and the nearest claims office of your insurance carrier, as soon as possible after acquiring knowledge of the occurrence of an occupational injury or disease to one of you employees or upon presentation of this notice by him, but no later than five days thereafter. Failure to comply carries an automatic civil penalty of up to \$2500. (RSA 281-A:53)

Two copies are needed, one copy is retained by the employer and the other is retained by the employee