



# TOWN OF PEMBROKE EMPLOYEE REPORT OF INCIDENT

Form must be **emailed or faxed** upon completion or within 24 hours of incident if possible, to Sabrina in the BOS Office at [schilcott@townofpembrokemass.org](mailto:schilcott@townofpembrokemass.org) or (781) 293-4650.

Employee Name:		Telephone:	
Home Address (including ZIP):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Social Security #:		Marital Status:	
Department of Employment: <span style="float: right;">Pembroke Public Schools</span>		Name of School:	
Full-time or Part-time?	Employees Occupation:	Phone# of School:	
<input type="checkbox"/> Report of Accident <input type="checkbox"/> Claim for Medical Services/Lost Time		Date Reported to Administration:	
Date of Injury:	Time of Injury:	On Employees Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & Address Where Injury Occurred:		To Whom was Accident Reported:	
Witness(s) Name & Address:		Telephone Number of Witness:	
Nature of Injuries (what):	Source of Injury: (how, ie: equipment, fall, machinery, person etc.):	Injured Body Part(s) (where, specify L/R if applicable):	
Describe How Injury Occurred (in your own words, narrative):		Physicians Phone Number:	
Physicians Name & Address (including ZIP):		If transferred to <u>Hospital</u> , Name & Address:	
Was <b>any time lost at work</b> due to incident? <input type="checkbox"/> Yes <input type="checkbox"/> No # of Days lost _____		Has Employee Returned to Work; if so enter date of return:	
Treatment Required: <input type="checkbox"/> None <input type="checkbox"/> Refused <input type="checkbox"/> First Aid Only <input type="checkbox"/> Doctors/Physician Visit <input type="checkbox"/> ER Visit			
Was Employee Seen by Nurse? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please see attached Nurse's Accident/Incident Report.			
Federal ID: <b>04-600-1264</b>	Employer Name: <b>Town of Pembroke</b>	Worker's Compensation#: <b>20-91008</b>	
Employer Address: <b>100 Center Street</b>	<b>Pembroke, MA 02359</b>	Employer Phone No.: <b>781-293-3844</b>	
Preparer's Signature: (Please print, sign & return original to Selectmen's Office):		Date Prepared:	

**Forward the original of this form to Natalie VanDerMolen for retention & employee keeps a copy for their records. Please call Sabrina in the BOS office if you have any questions or need assistance with this report at (781) 709-1402.**

**Worker's Compensation Carrier Information for the employee:**  
**CCMSI MEGA. 100 Quannopowett Pkwy St#201, Wakefield, MA 01880-1321, (781) 683-1098, fax (781) 246-2610**