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 or (781) 293-4650.*

Employee Name:			**Telephone:**
Home Address (including ZIP):	**Gender:** ☐Male ☐ Female		**Date of Birth**:
Social Security #:			Marital Status:
Department of Employment:			**Name of Supervisor:**
Full-time or Part-time?	**Employees Occupation Title:**		**Phone# of Supervisor:**
☐ **Report of Accident**	☐ **Claim for Medical Services/Lost Time**		**Date Reported to Town:**
Date of Injury:	**Time of Injury**:		**On Employees Premises?** ☐ Yes ☐ 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 Hospital, Name & Address:**
Was **any time lost at work due to Incident**? ☐ Yes ☐ No # of Days lost_____			**Has Employee Returned to Work**; if so enter date of return:
Treatment Required: ☐ None ☐ Refused ☐ First Aid Only ☐ Doctors/Physician Visit ☐ ER Visit			
Federal ID: **04-600-1264**	Employer Name: **Town of Pembroke**		Worker's Compensation#: **20-91008**
Employer Address: **100 Center Street** **Pembroke, MA 02359**			Employer Phone No.: **781-293-3844**
Preparer's Signature: (Please print, sign & return original to Selectmen's Office):			**Date Prepared**:

Forward the original of this form to Sabrina Chilcott for submittal and 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