

**CITY OF TAUNTON**  
**ACCIDENT REPORTING FORM**

**PLEASE PRINT OR TYPE:**

<b>E M P L O Y E E</b>	1. Employee Name (Last, First, MI)		2. Home Telephone	3. Social Security Number
	4. Home Address (No. & Street, City, State, Zip Code)		5. Martial Status	6. No. of Dependents
	7. Date of Hire (MM/DD/YY)	8. Date of Birth (MM/DD/YY)	9. Sex Female                  Male	10. Hourly Wage
	11. Hourly Worker Yes                  No	12. Hours Worked Per Day	13. Days Worked Per Week	14. Avg. 52 Week Pay \$ Estimated or Actuarial

<b>E M P L O Y E R</b>	15. Employer Name		16. Employer Self-Insured	17. Federal Tax ID
	18. Employer Address (No. & Street, City, State, Zip Code)		19. Employer Telephone	20. Industry Code
	21. Insurance Carrier: Name and Address of Branch Responsible for this case (Not Local Agent or Adjuster)			
	22. Workers' Compensation Policy Number		23. OSHA Case File Number (if applicable)	

<b>I N J U R Y I N F O R M A T I O N</b>	24. Date of Injury (MM/DD/YY)	25. Time of Injury a.m. / p.m.	26. Source of Injury (e.g. machine, tool, substance, etc.)		
	27. Address Where Injury Occurred (if different from #18 above)		28. On Employer's Premises: Yes_          No	29. Employer Location Code	
	30. Regular Occupation		31. Regular Occupation When Injured: Yes                  No		
	32. To Whom Was Injury Reported & Position:		33. Date Reported (MM/DD/YY)		
	34. Nature of Injury(ies) (burn, fracture, cut, etc.)				
	35. Injured Body Part(s) and Description (arm, leg, back, etc.)				
	36. Physician's Name and Address				
	37. Hospital's Name and Address				
	38. Describe How Injury Occurred (e.g. struck by . . . , fell from . . . , exposed to . . . )				
	39. If Employee Has Returned to Work: Date of Return (MM/DD/YY):			40. Returned to Regular Occupation? Yes                  No	

41. Preparer's Name: (Please Print or Type) and Signature		42. Preparer's Title:	
43. Supervisor's Name: (Please Print or Type) and Signature		44. Date Prepared (MM/DD/YY)	