



TOWN OF NANTUCKET
ACCIDENT INCIDENT REPORT

Personal Data

Name _____ Social Security Number _____
Address _____ Date of Birth _____
Home Phone _____
Wage Per Hour _____ Wage Per Day _____ Days Worked Per Week _____
Average Weekly Earnings _____
Your Department _____ Your Job Title _____

Accident Data

Date and Time of Injury _____ Were You Paid for Day of Injury? _____
Date Disability Began _____ Estimated Length of Disability _____
Nature of Injury or Illness (cut, bruise, sprain, etc.) _____

Body Part(s) Affected _____
Address Where Accident Occurred _____
Weather Conditions _____ Witness(es) _____

Accident Description

In Your Own Words Describe the Accident Including Substances, Materials, or Vehicles Involved _____

Did You Seek Medical Attention? Yes _____ No _____
Treated Where? _____
Treated By Whom? _____

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Please forward this completed and signed form as well as the medical report ASAP, to:

Human Resources Department
Town of Nantucket, 16 Broad St., Nantucket, MA 02554
Fax Number: (508) 325 - 6117