

CITY OF HAVERHILL - ACCIDENT REPORT:

EMPLOYEE NAME

DEPARTMENT

EMPLOYEE INFORMATION	
Address:	
City, State, ZIP:	
Telephone #:	
Social Security #:	
Date of Birth:	
Employee signature:	
Date reported to department:	

INJURY INFORMATION	
Date of Injury:	Date of Submission:
Witness(es):	
Place where injury occurred:	
Describe how injury occurred:	
Injured Body Part(s): (ie; left hand; right hand; etc)	

PHYSICIAN SECTION	
Doctor seen:	Hospital/center:
Diagnosis/Prognosis:	
Nature & extent of injury: (describe treatment)	
Is further medical attention necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is patient able to perform usual duties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is patient able to perform light duties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If unable to work, specify when patient can return:	
Physician Signature:	

Reviewed & approved by:

Reviewed by:

Chief Robert Pistone – Police Department

Human Resources Director

Date