



CITY OF GARDNER

ACCIDENT/INCIDENT REPORTING AND TREATMENT FORM (Non-Public Safety Personnel)

MEGA Location #216

Name of Employee: _____ Social Security # ____-____-____ Date ____/____/____

Address: _____ City _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Date of Birth ____/____/____

Department: School Department (please specify school location): _____

Police Department (Dispatcher, Clerical Staff, House worker) Greenwood Pool Golf

City Hall (please specify exact department): _____

Council on Aging Department of Public Works Municipal Grounds

Date of Injury ____/____/____ Time _____ AM/PM Position Title: _____

Name of Supervisor: _____ Title: _____

Wage Per Hour: _____ Average Weekly Earnings: _____

No. of Hours Worked Per Day: _____ No. of Days Worked per Week: _____

Scene of Accident/Incident: _____

Witness(es): _____

Describe What Happened, include substances, materials or vehicles involved, including nature of injury and body part affected: _____

I hereby authorize The City of Gardner and/or the Massachusetts Education & Government Association – Worker’s Compensation Group (“MEGA”) (or any of their representatives), to be furnished any information and facts regarding this injury, including reports and records, results of diagnosis, treatment and prognosis, estimates of disability, and recommendations for further treatment. This information is to be used for the purpose of evaluating and handling my claim for injury as a result of the above incident and for no other purpose. A photocopy of this release shall serve and be as valid as the original. This release shall be valid until withdrawn by me in writing.

Signature of Employee _____ Date ____/____/____

Please complete Page 1 of form and return it to the Personnel Department. Should you require medical treatment, Page 2 of the form should be completed by your medical provider and returned with Page 1.

