

## Town of Thomaston Accident Investigation Report

Employee Name, Address, Phone	
Explain exactly how injury occurred. Describe sequence of events, including any objects or substances that directly injured the employee or made the employee ill. Specific activity, work process employee was engaged in when accident or illness occurred.	
All equipment, materials, and/or chemicals employee was using when accident or illness occurred:	
Date of injury:	Date reported to Employer:
Time Employee began work on date of injury:	
Did employee go for treatment? Where? What was treatment and disposition?	
Witnesses (inc Title, Dept, Address and Phone)	
Is there a related prior injury? Yes _____ No _____ If yes, please explain:	
What was employee doing when injury occurred?	
Was occurrence as a result of employee's job? Yes ____ No ____	
Will injury result in loss of work time? Yes ____ No ____ If yes, last day of work _____	
Was occurrence on employer's premises? Yes ____ No ____ If yes, where? _____	
Has employee returned to work? Yes ____ No ____ If yes, when? _____	
Was another person responsible? Yes ____ No ____ If yes, who? _____	
Investigate accident and indicate contributing factors	
What action has or will be taken to prevent recurrence?	
Additional comments:	
Supervisor Signature _____	Date _____

Date: \_\_\_\_\_

I, \_\_\_\_\_, am refusing initial treatment for my injury that occurred on

Date: \_\_\_\_\_

Time of injury: \_\_\_\_\_

I understand that I must contact Human Resources to seek evaluation and treatment should pain/discomfort resulting from my injury does not subside in a few days.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date