ACCIDENT REPORTING FORM

123 Interstate Drive • P.O. Box 3600
West Springfield, Massachusetts 01090-3600
(413) 781-5940 • *fax* (413) 739-9330

PLEASE PRINT OR TYPE:

EMPLOYEE	1. Employee Name (Last, First, MI)		2. Home Telephone	3. Social Security Number*
	4. Home Address (No. & Street, City, State, Zip Code)		5. Marital Status ☐ Single ☐ Married	6. No. of Dependents
	7. Date of Hire (MM/DD/YY):	8. Date of Birth (MM/DD/YY):	9. Sex ☐ Male ☐ Female	10. Hourly Wage
	11. Piece or Hourly Worker? ☐ Piece ☐ Hourly	12. Hours Worked Per Day	13. Days Worked Per Week	14. Avg. 52-Week Wage: $ ☐ Estimated or ☐ Actual

EMPLOYER	15. Employer Name **Anna Maria College**	16. Employer Self-Insured? **X Yes** ☐ No	17. Federal Tax ID **04-2002060**
	18. Employer Address (No. & Street, City, State, Zip Code) **50 Sunset Lane, Paxton, MA 01612**	19. Employer Telephone **508-849-3300**	20. Industry Code **82**
	21. Insurance Carrier: Name and Address of Branch Responsible for This Case (Not Local Agent or Adjuster) **NEEIA Compensation Inc., PO Box 3600, West Springfield, MA 01090**		
	22. Worker's Compensation Policy Number	23. OSHA Case File Number (if applicable)	

INJURY INFORMATION	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?			33. Date Reported (MM/DD/YY):
	34. Nature of Injury(ies) (Burn, Fracture, Cut, etc.)			
	35. Injured Body Part(s) Description (Arm, Leg, Back, etc.)			
	36. Physician Name and Address			
	37. Hospital 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)	42. Preparer's Title
	43. Preparer's Signature	44. Date Prepared (MM/DD/YY):