

Date Received in
Compensation Office _____



Claim No. _____

CITY OF SPRINGFIELD
(413) 787-6015

Notice of Accidental Injury/Occupational Disease

Dept. Div. Last Name First Name MI

Home Phone: _____ Mailing Address: _____

_____-_____-_____
Social Security Number Date of Accident Day Time of Day Age Sex

Job Title _____ Months with City _____

Primary Treatment Sought: _____
1-None 2-First Aid Only 3-Personal Doctor
4-Hospital-Emergency Room

Doctor's Name

Hospital Location

Location of Accident

Body Parts Injured: _____

Please describe the accident and injuries sustained:

Witness Names: _____

I certify that the information that I have provided on this form is accurate to the best of my knowledge and I am aware that false statements could result in disciplinary or legal action.

Employee's Signature: _____ Date: _____

SUPERVISOR'S PORTION OF REPORT

The supervisor is required to review this accident report and ensure that it has been completed in entirety and is submitted to the Personnel Department within 24 hours of the injury/illness.

Supervisor's Signature: _____ Date: _____

SUPERVISOR PLEASE TURN OVER TO COMPLETE ADDITIONAL QUESTIONS.

TO BE COMPLETED BY THE INJURED EMPLOYEE'S SUPERVISOR:

1. Was the employee working overtime at the time of the accident? Yes No

2. Did the injury/illness result in: (please circle appropriate answer(s))

Lost Work Time / Restriction of Motion / Change of Duty or Work Assignments

Please identify the body part(s) that were injured by circling the corresponding number(s) below.

BODY PART AFFECTED CODES

HEAD

- 100 Head
- 110 Brain
- 120 Ear(s), UNS*
- 121 Ear(s), External
- 124 Ear(s), Internal
- 130 Eye(s)
- 140 Face, UNS*
- 141 Jaw, Chin
- 144 Mouth & Throat (vocal cords, larynx)
- 146 Nose
- 148 Face, Multiple Parts
- 149 Face, NEC**
- 150 Scalp
- 160 Skull
- 198 Head, Multiple
- 200 Neck & Cervical Vertebrae

LOWER EXTREMITIES

- 500 Lower Extremities
- 510 Leg(s), UNS*
- 511 Thigh(s)
- 513 Knee(s)
- 515 Lower Leg(s)
- 518 Leg(s), Multiple
- 519 Leg(s), NEC**
- 520 Ankle(s)
- 530 Foot or Feet, Not Ankle or Toes
- 540 Toe(s)
- 598 Lower Extremities, Multiple
- 700 MULTIPLE PARTS
Applies when more than one major body part has been affected such as an arm and a leg.

UPPER EXTREMITIES

- 300 Upper Extremities, UNS*
- 310 Arm(s), UNS*
- 311 Upper Arm(s)
- 313 Elbow(s)
- 315 Forearm(s)
- 318 Arm(s), Multiple
- 319 Arm(s), NEC**
- 320 Wrist(s)
- 330 Hand(s) Not Wrist or Fingers
- 340 Finger(s)
- 398 Upper Extremities, Multiple
- 400 Trunk, UNS*
- 410 Abdomen...Internal Organs, Inguinal Hernia
- 420 Back
- 430 Chest...Ribs, Breastbone, Internal Organs
- 440 Hip(s)...Pelvis
- 450 Shoulder(s)
- 498 Trunk, Multiple

999 NON-CLASSIFIABLE

Insufficient information to identify part of body affected. Includes damage to prosthetic devices.

*UNS - Unspecified

**NEC - Not Elsewhere Classified