GowrieGroup
Insurance • Benefits • Finance

SAUGUS FIRE DEPARTMENT

INCIDENT REPORT

Today's date: _____ Date & time of injury: _____

Employer: SAUGUS FIRE Contact tel. #: _____

Employee: _____ SSN: xxx-xx _____

Home address: _____ DOB: _____

_____ Personal tel. #: _____

_____

Date of disability: _____ Estimated length of disability: _____

Nature of injury/illness: _____

_____

Body parts affected: _____

Address where occurred: _____

Weather conditions: _____

Witnesses: _____

Incident description: _____

_____

Was medical treatment sought? [ ] Yes or [ ] No

If yes, where? _____ by whom? _____

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Please note: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an insurance claim application may be guilty of a crime and may be subject to fines and/or imprisonment.

Gowrie Claims Services
P.O Box 578
Brant Rock, MA 02020
Fax: 1-781-536-6930