

SAUGUS POLICE DEPARTMENT
INCIDENT REPORT

Today's date: _____	Date & time of injury: _____
Employer: SAUGUS POLICE	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? <input type="checkbox"/> Yes or <input type="checkbox"/> 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.