ATLANTIC CHARTER
INSURANCE COMPANY

25 New Chardon St • Boston, MA 02114-4721 • Phone: (617) 488-6500 • Fax: (617) 488-6502

EMPLOYEE INCIDENT REPORT
This Report Must Be Sent To Administration Within 24 Hours of Incident

❑ File Only & First Aid < $2000.00	❑ Medical Only (Less than 4 Days of Disability) Also complete form 8WC	❑ Lost Time (4 or More Disability Days) Also complete Forms 8WC & 13WCA

EMPLOYER'S NAME: **PHONE:**

ADDRESS:

I. SUPERVISORY REPORT

Name of Employee	Job Title	Date of Birth	Social Security Number
Home Address (Street, City, State, Zip Code)		Home Phone Number ( )	
Date of Incident	Time ( ) AM ( ) PM	Department/Shift	Date of Hire
Location of Incident			
Who was first notified of Incident?		Date & Time	
Name of Witness(es)			
Did Employee Require Medical Attention? Yes ( )	No ( )	Date of Initial Treatment:	
If yes: Physician or Hospital Name and Address:			
Any Lost-Time from Work? Yes ( )	No ( )	Actual Dates:	
Has Employee returned to Work? Yes ( )	No ( )	Date:	
Name of Person Preparing Report:		Title:	
Signature:		Date:	

II. EMPLOYEE'S STATEMENT

Describe the Incident in Detail:	
Part of Body Injured (Be Specific: Right or Left, etc.):	
Employee Signature:	**Date:**

III. ➢ EMPLOYEE'S MEDICAL AUTHORIZATION ➣ **(REQUIRED)**

"This request is strictly limited to medical information relevant to the occupational injury or illness that underlies the patient's workers' compensation claim, including any past history of complaints of, or treatment of, a condition similar to that claim." I authorize the release of all medical information without limitation, including, but not limited to, history, findings, diagnosis, prognosis and access to all treatment records for examination and photocopying to Charter Management Company, Inc., Atlantic Charter Insurance Company and Sallop and Weisman P.C. I authorize that a photocopy of this form be accepted with the same authority as the original. Please be advised that pursuant to 45 CFR 164.512(l), the HIPAA Privacy Rule does not apply to entities that are either workers' compensation insurers, workers' compensation administrative agencies or employers. The Privacy Rule recognizes the legitimate need of insurers and other entities involved in the workers' compensation system to have access to an individual's health information as authorized by state or other law.

Employee Signature:	**Date:**