



FORM 118 - DEPARTMENT OF INDUSTRIAL ACCIDENTS
EMPLOYER'S NOTIFICATION TO INSURER OF MEDICAL ONLY INJURIES
 If an Injury Has Resulted in 5 or More Calendar Days of Total or Partial Incapacity from Earning Wages,
File "Employer's first Report of Injury". Form 101

DO NOT File This Form With
The Department of
Industrial Accidents

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 CITY OF CAMBRIDGE		16. Employer Self-Insured? Yes No	17. Federal Tax ID
	18. Employer Address (No. & Street, City, State, Zip Code) 795 Massachusetts Avenue Cambridge, MA 02139		19. Employer Telephone (617) 349-4332	20. Industry Code
	21. Insurance Carrier: Name and Address of Branch Responsible for This Case (Not Local Agent or Adjuster)			
	22. Worker's Compensation Policy Number		23. OSHA Case File Number (if applicable)	

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 Employers Premises? Yes No	29. Employer Location Code	
30. Regular Occupation		31. Regular Occupation When Injured? DYes D 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):	

* Disclosing Social Security Number is voluntary.