

The Commonwealth of Massachusetts  
NORFOLK COUNTY RETIREMENT SYSTEM  
Canton, MA  
**NOTICE OF INJURY**

**TO THE BOARD OF RETIREMENT:**

This is to notify you that \_\_\_\_\_ received injuries incurred through accident in the line of duty or due to a hazard which occurred in like line of duty while employed in the service at the **Town of Walpole** on \_\_\_\_\_ and whose home address is \_\_\_\_\_

## 1. Single Married

1a. **Husband/Wife of** \_\_\_\_\_

## 2. Date of Birth

2a. **Date of Employment** \_\_\_\_\_

**3. The cause of injury was**

(Describe cause of injury)

(If statement requires more space, use other side of this blank and write in this space - SEE OTHER SIDE)

(Important: Sign your name after what you write on other side)

**4. The nature of injury is as follows**

(Describe injury with such exactness as possible)

**5. NAME AND ADDRESS OF DOCTOR WHO ATTENDED EMPLOYEE**

## 6. NAME AND ADDRESS OF HOSPITAL

**7. NAME AND ADDRESS OF WITNESS** (If possible give two names of eye witnesses)

**IMPORTANT:** Nos. 5,6 and 7 must not be left blank. Some statement must be made--Example--Not taken to a hospital -No witness, etc.

Signature \_\_\_\_\_

(Of employee or other informant)

(Relationship or title of superior officer)

**IMPORTANT:** The law requires that injuries incurred in line of duty **AFTER JULY 1, 1988**, shall be reported to the **RETIREMENT BOARD WITHIN NINETY DAYS** to give unlimited time coverage for (1) retirement based upon accidental injuries or (2) an accidental death benefit.

IF the **NOTICE OF INJURY** is not so filed **WITHIN NINETY DAYS** an **APPLICATION** for (1) accidental disability retirement, or (2) for a death benefit based upon accidental injuries incurred **MORE THAN TWO YEARS PRIOR** to the date of application, is **VOID**.