The Commonwealth of Massachusetts NORFOLK COUNTY RETIREMENT SYSTEM Canton, MA

NOTICE OF INJURY

| TO THE BOARD OF RETIREMENT: | |
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| This is to notify you that | received injuries incurred through accident in the |
| line of duty or due to a hazard which occurre | ed in like line of duty while employed in the service at the Town of |
| Walpole on | and whose home address is |
| 1. Single Married | la. 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 nam | e 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 | R WHO ATTENDED EMPLOYEE |
| 6. NAME AND ADDRESS OF HOSPITA | AL |
| 7. NAME AND ADDRESS OF WITN 1. | NESS (If possible give two names of eye witnesses) |
| 2. | |
| IMPORTANT: Nos. 5,6 and 7 must not be left b witness, etc. | plank. Some statement must be madeExampleNot taken to a hospital -No |
| | 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.