

Work Related Accident / Illness Statement

This document must be completed and returned to the Broome County Office of Risk & Insurance Management as part of the final clearance process. This document is a legal document. You should speak with an attorney if you have any questions regarding this form.

1. Were you injured at any time while working for Broome County?
 Yes (Answer all remaining questions and sign the document)
 No (Answer only question "7" and sign the document)

For each injury sustained answer questions 2-6

2. When were you injured?
_____ Date _____ Time
3. Was a written incident report completed?
 Yes No
4. Describe how the injury occurred (attach additional sheets if necessary).

5. Did you file a Workers' Compensation or Disability Claim?
 Yes No

Sheriff's Department Only

Did you file a claim for benefits pursuant to
General Municipal Law § 207-c?

Yes No

6. Did you miss work as a result of the injury?
 Yes No

(Over)

7. Did you work anywhere else during the time you were employed by Broome County?

___ Yes ___ No

For each outside job answer the following:

Name of other employer _____

Job Title _____

Briefly describe job duties _____

Notice (Penal Law Section 210.45)

It is a crime, punishable as a class A misdemeanor under the laws of the State of New York, for a person, in and by a written statement, to knowingly make a false statement, or make a statement which such person does not believe to be true.

Job Title

Signature and Date

Department & Division

Print Name