



# Town of Chester Accident Reporting Policy

Last Updated: 4/2/2026

Approved: 4/6/2026

## 1. Purpose

The purpose of this policy is to establish a clear, consistent process for reporting, documenting, and responding to accidents occurring on Town property, during Town operations, or involving Town employees. This ensures compliance with Massachusetts laws, promotes workplace safety, and supports timely investigation and corrective action.

## 2. Scope

This policy applies to:

All Town employees (full-time, part-time, seasonal, and volunteer personnel)

Contractors and vendors working on behalf of the Town

Incidents occurring on Town-owned or controlled property

Incidents involving Town vehicles or equipment

Incidents occurring during work-related activities off-site

## 3. Definitions

**Accident:** An unplanned event that results in injury, illness, property damage, or near-miss circumstances.

**Near Miss:** An incident that did not result in injury or damage but had the potential to do so.

**Supervisor:** Any employee responsible for overseeing others or managing Town operations.

**Reportable Incident:** Any accident, injury, illness, property damage, or near miss involving Town operations.

## 4. Immediate Response Procedures

Ensure Safety

Secure the scene to prevent further injury or damage.

Call 911 for emergencies.

Provide first aid if trained to do so.

Notify Supervisor

The employee must notify their immediate supervisor as soon as possible, but no later than the end of the work shift.

Seek Medical Attention

Employees must seek appropriate medical care when needed.

All work-related injuries must be documented, even if minor.

## **5. Reporting Requirements**

### Employee Responsibility

Complete an Accident Report Form within 24 hours of the incident.

Report all injuries, no matter how minor.

Report near misses to help prevent future incidents.

### Supervisor Responsibility

Ensure the Accident Report Form is completed accurately.

Notify the Town Administrator and Human Resources within 24 hours.

Initiate a preliminary investigation.

### Serious Incidents

Fatalities, serious injuries, or major property damage must be reported immediately to:

Town Administrator

Human Resources

Appropriate state agencies as required by law

## **6. Documentation**

All accident reports must include:

Date, time, and location of incident

Names of individuals involved

Description of the incident (what happened and how)

Witness statements

Photos or diagrams (if applicable)

Medical treatment provided

Corrective actions taken

Records shall be maintained in accordance with Massachusetts public records and retention laws.

## **7. Investigation**

Supervisors must investigate all reported incidents within 48 hours.

The goal is to identify root causes, not assign blame.

Findings should include recommendations for corrective actions.

Serious incidents may require a formal investigation team.

## **8. Corrective Actions**

Departments must implement corrective measures promptly.

Actions may include:

Equipment repair or replacement

Changes in procedures

Additional training

Policy updates

## **9. Workers' Compensation Compliance**

All work-related injuries must be reported to the Town Administrator & Human Resources for workers' compensation processing.  
Employees must cooperate with required documentation and medical evaluations.

### **10. Training**

Employees shall receive training on accident reporting procedures during onboarding and periodically thereafter.  
Supervisors shall receive additional training on investigation and documentation requirements.

### **11. Non-Retaliation**

The Town prohibits retaliation against any employee who reports an accident, injury, or unsafe condition in good faith.

### **12. Enforcement**

Failure to comply with this policy may result in disciplinary action, up to and including termination, in accordance with Town personnel policies.

### **13. Policy Review**

This policy shall be reviewed annually by the Town Administrator and Human Resources and updated as necessary.

Print Name:

Signature:

Position:

Date:

2 Where documentation is required, employees who do not have health care coverage through a private insurer, the Massachusetts Healthcare Connector and related insurers, or an employer that provides health insurance to employees may provide a signed, written statement evidencing the need for the use of the earned sick time, without being required to explain the nature of the illness, in lieu of documentation by a health care provider. Employers using their own verification form shall not require any additional information beyond what is required under M.G.L. c. 149, § 148C.



# Town of Chester ACCIDENT / INCIDENT REPORT FORM

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## 1. GENERAL INFORMATION

Date of Report: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident (Address/Area):

Department:  Police  Fire  DPW  Transfer Station  Other: \_\_\_\_\_

## 2. PERSON(S) INVOLVED

Person 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Person 2 (if applicable):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## 3. TYPE OF INCIDENT

Motor Vehicle Accident

Slip / Trip / Fall

Workplace Injury

Property Damage

Equipment Failure

Environmental Incident

Other: \_\_\_\_\_

4. DESCRIPTION OF INCIDENT

(Provide a detailed description of what occurred. Include sequence of events, conditions, and any contributing factors.)

5. INJURIES

Were there injuries?  Yes  No

If yes, describe:

Was medical attention required?  Yes  No

If yes, where:  On Scene  Hospital  Urgent Care

Name of facility: \_\_\_\_\_

6. PROPERTY DAMAGE

Was there property damage?  Yes  No

If yes, describe:

Estimated cost (if known): \$ \_\_\_\_\_

7. WITNESSES

Witness 1:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Witness 2:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

8. ACTION TAKEN

(Describe any immediate actions taken, including emergency response, repairs, notifications, etc.)

9. REPORTING OFFICIAL / EMPLOYEE

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

10. SUPERVISOR REVIEW

Supervisor Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Follow-up Required:  Yes  No

If yes, explain:

11. ATTACHMENTS

Photos

Police Report

Medical Report

Witness Statements

Other: \_\_\_\_\_