

Town of Needham
NOTICE OF EMPLOYEE ACCIDENT

This form must be submitted within 24 hours after an accident which results in an injury

DEPARTMENT: DPW Parks Division DATE OF REPORT: 9/10/13

Injured Person: George Lavalle SS# N/A

Address: No & St 573 Central Ave

City/Town Needham State: MA 02494

Married Widowed Male
Check if Divorced Single Widower Female Age _____

(a) Occupation when injured Laborer

(b) Was this his/her regular occupation Yes

(if not, state in what department or branch of work regularly employed) _____

(a) How long employed 28 years (b) No. hours worked per day 8 Wages per day \$ _____

(c) No. days worked per week 5 Average weekly earnings \$ _____

Time and Place: (Place where injury occurred): PSAB 500 Dedham Ave, Needham

State if injury occurred on or off employer's premises: On

Date of injury: 9/7/13 Day of week: Saturday Hour of day: 10:00 A.M/P.M am

Date disability began: _____ A.M P.M Was injured paid in full for this day: Yes No

To whom and when was injury reported: _____ Title: _____

Cause of Injury: Machine, tool or thing causing injury: Bee sting

Kind of power tool (hand, foot, electrical, steam, etc.): na

(a) Was safety appliance provided: yes (b) Was it in use at time: yes

Was accident caused by injured failure to use or observe safety appliance or regulation: no

Describe fully how accident occurred, and state what employee was doing when injured: _____

The employee states that while re-mulching planting areas around PSAB building, a yellow jacket's nest was disturbed and the employee was stung in the left arm as witnessed by an Administrative employee. By 12:30 that afternoon, the entire ~~x~~ hand and arm were visibly swollen and painful. The employee went to Care-Well Urgent Care Services in Needham to be checked and was out of work on Monday, September 9th. *left*

Names and addresses of witnesses: Judy Oakes, DPW Administrative Office Supervisor

Nature of injury and body part affected: left arm

Probable length of disability: na Has injured returned to work: yes

If so, date and hour: Tuesday, September 10th

Name and address of physician: _____

Name and address of hospital: Care-Well Urgent Care

Did Employee Die: No

Signed George Lavalle Title Laborer

CareWell

URGENT CARE

Date of Payment: 09/07/13

Date of Visit: September 07, 2013

Seen By: Wayne Byrnes,

Location: CareWell Urgent Care-Needham
922 Highland Ave
Needham, MA 02494-1256
781-400-1383

Guarantor:

Patient Name: GEORGE LAVALLE
573 CENTRAL AVE
NEEDHAM HEIGHTS, MA 02494
DOB: 11/21/1957 Sex:M

Payment Method: Cash

Total Payments: \$35.00