

**TOWN OF LYME  
BOARD OF SELECTMEN  
1HIGH STREET  
P.O. BOX 126  
LYME, NEW HAMPSHIRE 03768  
(603) 795-4639**

Town of Lyme  
Accident Report

Location of Injury \_\_\_\_\_

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

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

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

Employee: Yes \_\_\_\_\_ No \_\_\_\_\_ Phone number: \_\_\_\_\_

Type of injury \_\_\_\_\_

Brief Description of What Happened

\_\_\_\_\_

Treatment Given

\_\_\_\_\_

Witnesses

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

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

Signature of person filling out report: \_\_\_\_\_

Signature of injured if possible: \_\_\_\_\_

Signature of Benefits Administrator: \_\_\_\_\_ Date: \_\_\_\_\_