



CITY OF CAMBRIDGE
INTEROFFICE CORRESPONDENCE

To John Corcoran
City Manager

Date May 11, 1973

From William H. McGinness
Superintendent, Water Department

Reference

Subject Jeremiah Shea

Dear Sir:

Enclosed is a copy of the Industrial Accident form which has been filed with the Industrial Accident Board, the City Solicitor's Office, the Personnel Department, and the Retirement Board. Also enclosed is a copy of the Cambridge Water Department Foreman's Report of the accident.

Very truly yours

A handwritten signature in cursive script, appearing to read "William H. McGinness".

William H. McGinness
Superintendent, Water Department

WHMcG:mv
Encs.

MASSACHUSETTS DIVISION OF INDUSTRIAL ACCIDENTS

STANDARD FORM FOR

Employer's First Report of Injury

Approved by I. A. I. A. B. C.

Within 48 hours after the occurrence of an accident, forward this report to the Industrial Accident Board, State Office Building, Government Center, 100 Cambridge Street, Boston, Massachusetts 02202.

(PRINT OR TYPE)

State's Number For:	File: Carrier: Employer:
Carrier's File No.	
(The spaces above not to be filled in by Employer)	

Employer	1. Name of Employer Cambridge Water Department 2. Office address: No. and St. 250 Fresh Pond Pkwy. City or Town Cambridge State Mass. 3. (a) State name of insurance company with whom you are insured to provide payment to injured employees under the Workmen's Compensation Act (b) If not so insured, give number of employees on date of this report 4. Give nature of business (or article manufactured)
Time and Place	5. (a) Location of plant 250 ² Fresh Pond Pkwy. Department Reservoir (b) Place where injury occurred Trapelo Rd. (c) State if injury occurred on or off employer's premises on 6. Date of Injury April 24, 19 73 Day of week Tuesday Hour of day A.M. 12:45 P.M. 7. Date disability began April 24, 19 73 A.M. 12:45 P.M. 8. Was injured paid in full for this day yes 9. When did you or foreman first know of injury April 24, 1973 10. Name of foreman Francis D. Misener
Injured Person	11. Name of injured Jeremiah F. Shea <small>(FIRST NAME) (MIDDLE INITIAL) (LAST NAME)</small> 12. Address: No. and St. Old County Road City or Town Lincoln State Mass. 13. Check (✓) Married <input checked="" type="checkbox"/> , Single <input type="checkbox"/> , Widowed <input type="checkbox"/> , Widower <input type="checkbox"/> , Divorced <input type="checkbox"/> ; Male <input checked="" type="checkbox"/> , Female <input type="checkbox"/> 14. Age 66 Did you have on file employment certificate or permit 15. (a) Occupation when injured Wkg. Fore. Wat. Met. Rep. & Ins. (b) Was this his or her regular occupation yes (If not, state in what department or branch of work regularly employed) 16. (a) How long employed by you 35 yrs. (b) Piece or time worker (c) Wages per hour \$ 17. (a) No. hours worked per day 8 (b) Wages per day \$ (c) No. days worked per week 5 (d) Average weekly earnings \$ 203.40 (e) Where applicable give number of meals furnished employee each week, and estimated value per day, week, or month of any lodging, fuel or other advantages furnished employee
Cause of Injury	18. Machine, tool or thing causing injury 19. Kind of power (hand, foot, electrical, steam, etc.) 20. Part of machine on which accident occurred 21. (a) Was safety appliance or regulation provided (b) Was it in use at time 22. Was accident caused by injured's failure to use or observe safety appliance or regulation 23. Describe fully how accident occurred, and state what employee was doing when injured While patrolling Hobbs Brook Reservoir saw a group building a fire on edge of water near Trapelo Rd. and Old County Road. People gave him a bad time. On return to truck he collapsed and was dead on arrival at Waltham Hospital. 24. Names and addresses of witnesses Robert Sparks, 27 Woodliegh Road, Watertown, Mass. 02172
Nature of Injury	25. Nature and location of injury (describe fully exact location of amputations or fractures, right or left) Coronary Thombosis. 26. Probable length of disability If so, date and hour 27. Has injured returned to work At what wage \$ 28. At what occupation 29. Name and address of physician (b) Name and address of hospital Waltham Hospital, Waltham, Mass.
Fatal Cases	30. Has injured died Yes (If so, give date of death April 24, 1973)
Firm name	Cambridge Water Department <div style="text-align: right;"> Official Title Gen. Superintendent Date of this report April 25, 1973 </div>

Report No.....



April 25 1973

Foreman's Report of Accident to Employee

Name of employee *Jeremiah T. Shea*

Home Address *44 Lincoln Cambridge*

Employee working in *Reservoir* Division of *Water* Dept.

Date *April 24 1973* Hour of day *1:21:45 PM* Day of week *Tuesday*

Accident happened on *Tripello Rd near* ~~Street~~ *Old County Rd - Lincoln*

Describe circumstances under which this accident happened in detail. *While patrolling Hotchkiss Brook*

Reservoir saw a group building a fire on edge of water near Tripello & Old County Rd. People gave him a bad time on return to truck he collapsed and was taken to Waltham Hospital

Witnesses *Robert Sparks - 97 Woodleigh Rd - Watertown, Mass*

Part of person injured. State definitely and indicate left or right in case of arms, hands or feet whether cut, bruise or sprain. *Coronary Thrombosis*

Where was this man sent, state hospital or physician. *Waltham Hospital*

When this man returns to work, fill out coupon below and return it immediately to the Office. Accidents must be reported not later than the morning following.

Foreman *Francis R. Rosene*
Further details, if necessary, on back of this form.

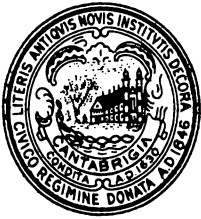
Report No.

Name of employee

Injured on *19* Discontinued work *19*

Reported for work again. *19*

Foreman



CITY OF CAMBRIDGE

CAMBRIDGE, MASSACHUSETTS 02139
Tel. 876-6800

EXECUTIVE DEPARTMENT
JOHN H. CORCORAN
City Manager

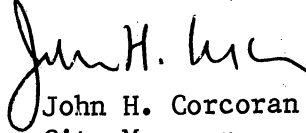
May 14, 1973

To the Honorable, the City Council:

With reference to orders of the City Council relative to the report on the death of the late Jeremiah Shea of the Cambridge Water Department, I have checked with William H. McGinness, Superintendent of the Water Department, who advises me that Mr. Shea died in service while performing his duties.

I can further advise you that an accident report has been filed with the City Solicitor's office, a copy of which is enclosed for your information.

Very truly yours,


John H. Corcoran
City Manager

JHC/b

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Agenda # 18

Comm. from John H. Corsoran, City Manager
with reference to orders of the City
Council relative to the report on the
death of the late Jeremiah Shea of the
Cambridge Water Dept.

In City Council,

May 14, 1973

Placed on File -