FutureComp®

711 East Main Street, Suite 201
Chicopee, MA 01020
T: (855) 874-0123

INCIDENT REPORT

FOR POLICE & FIRE INJURED-ON-DUTY

to be submitted along with the City of Marlborough Accident (Employee & Supervisor) Forms

EMPLOYEE INFORMATION	
Today's Date:	
Employer Name:	Police: ☐ Fire: ☐
Employee Name: Last:	First:
Home Address:	
Personal Phone #:	Email:
DOB:	SS#:
Date of Injury:	Time of Injury:

ACCIDENT INFORMATION	
Location of Accident:	
Type of Injury/Illness:	
Body Part Affected:	
Description of Accident:	
Was medical attention sought:	Date seen:
Medical Provider:	

SIGNATURES	
Employee Signature:	Date:
Supervisor Signature:	Date:
Chief Signature:	Date:

Attachments Included:
Application for IOD Status(IOD 902) ____ Medical Authorization Form(IOD 903) ___ Doctor's Report _____

Please note: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit in an insurance claim application may be guilty of a crime and may be subject to fines and/or imprisonment.

FUTURECOMP CONSENT FOR RELEASE OF MEDICAL INFORMATION

(ALL INJURED EMPLOYEES MUST COMPLETE AND SIGN THIS SECTION)

Name of Injured Employee: _____

Date of Injury: _____

Date of Birth: _____ Social Security Number: _____

I authorize the release of medical information and facts regarding this injury, including reports and records, results, or diagnosis, treatment and prognosis, estimates of disability, and recommendations for further treatment relating to this injury. This information is to be used for purpose of evaluating and handling my claim for injury as a result of an accident on or about the date of injury as identified above on this form. This will also authorize FutureComp Medical Case Manager if assigned to me to have access to all medical records and Utilization Review Records. The Case Manager may discuss pertinent information with professionals involved in my case to share information as appropriate and necessary for coordination of health care services and coordination with employer for return to work. I understand authorization for Case management purposes is voluntary and not required. I am willing that a photocopy of this authorization be accepted with the same authority as the original.

ACKNOWLEDGMENT

Employee Signature: _____ Today's Date: _____