



PART A (Prepared By Patrol/Command Supervisor)

WHO	RANK/SURNAME	FIRST	M.I.	SHIELD	COMMAND	APPOINTMENT	ON DUTY <input type="checkbox"/>	OFF DUTY <input type="checkbox"/>	UNIFORM <input type="checkbox"/> YES <input type="checkbox"/> NO	
	SOCIAL SECURITY NO.	TAX REGISTRY		DATE OF BIRTH	HEIGHT (IN.)	WEIGHT	SEX	PARTNER'S SEX <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHEN	MONTH	DAY	YEAR	DAY OF WEEK	HOUR	TOUR	AT TIME OF INJURY		POST OR ASSIGNMENT	
							<input type="checkbox"/> ALONE <input type="checkbox"/> WITH MOS <input type="checkbox"/> FOOT <input type="checkbox"/> RMP <input type="checkbox"/> OTHER			
WHERE	<input type="checkbox"/> INSIDE	ADDRESS OF BUILDING			POLICE FACILITY <input type="checkbox"/> YES <input type="checkbox"/> NO	EXACT LOCATION IN BUILDING		PCT. OF OCC.		
	ON - ROAD, STREET, AVENUE				AT INTERSECTION WITH - CROSS STREET				AIDED NO.	
	<input type="checkbox"/> OUTSIDE	OR IF NOT AT INTERSECTION			ROAD, STREET, AVENUE		ACCIDENT NO.			
			N S E W OF							
REPORTED SICK <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE	TIME	MEDICAL DISTRICT	OTHER DEPARTMENT FORMS FORWARDED					
HOSPITAL			DIAGNOSIS				DOCTOR'S NAME			
WHAT	INJURY TO:	<input type="checkbox"/> HEAD <input checked="" type="checkbox"/> FACE <input type="checkbox"/> ARMS <input type="checkbox"/> LEGS <input type="checkbox"/> TRUNK <input type="checkbox"/> NECK <input type="checkbox"/> EYES <input type="checkbox"/> HANDS <input type="checkbox"/> FEET <input type="checkbox"/> BACK								
	<input type="checkbox"/> INTERNAL <input type="checkbox"/> OTHER (Specify)									
HOW	TYPE OF INJURY	<input type="checkbox"/> ABRASION <input checked="" type="checkbox"/> BURN <input type="checkbox"/> FOREIGN BODY <input type="checkbox"/> FRACTURE <input type="checkbox"/> PUNCTURE WOUND <input type="checkbox"/> SPRAIN, STRAIN <input type="checkbox"/> LACERATION								
	<input type="checkbox"/> CONTUSION <input type="checkbox"/> HERNIA <input type="checkbox"/> DISLOCATION <input type="checkbox"/> CONCUSSION <input type="checkbox"/> OTHER (Specify)									
IF ASSAULTED, INJURY RECEIVED FROM:		<input type="checkbox"/> GUNSHOT <input type="checkbox"/> BITE <input type="checkbox"/> KICK <input type="checkbox"/> CUT/STAB <input type="checkbox"/> PUNCH <input type="checkbox"/> STRUCK BY OBJECT <input type="checkbox"/> ASSAULT BY VEH.								
<input type="checkbox"/> OTHER (Specify)										

PATROL/COMMAND SUPERVISOR'S REPORT OF INJURY

IS INJURY APPLICABLE TO THE FEDERAL EMPLOYEE'S COMPENSATION ACT?

YES  NO

RANK/NAME PATROL COMMAND SUPERVISOR (PRINT) SIGNATURE SHIELD COMMAND DATE

NAME OF WITNESS ADDRESS SHIELD COMMAND PHONE

PART B INVESTIGATING SUPERVISING OFFICER'S REPORT AND RECOMMENDATION AS TO LINE OF DUTY DESIGNATION

NEGLIGENCE ON PART OF INJURED MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO	PERFORMANCE IN LINE OF DUTY <input type="checkbox"/> YES <input type="checkbox"/> NO	CURRENT ASSIGNMENT TO BE CONTINUED <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> APPROVAL	RANK/NAME OF SUPERVISING OFFICER (TYPE)	SIGNATURE
<input type="checkbox"/> DISSAPPROVAL		COMMAND DATE

PART C APPLICATION FOR LINE OF DUTY DESIGNATION (Not required for old injuries.) TO BE COMPLETED BY INJURED MEMBER OR COMMANDING OFFICER, (IF INJURED MEMBER IS INCAPACITATED) FOR INITIAL LINE OF DUTY DESIGNATION REQUEST.

DESCRIBE HOW INJURY SUSTAINED

RANK/NAME OF REQUESTING MEMBER (TYPE)	SIGNATURE	DATE
<input type="checkbox"/> APPROVAL	RANK/NAME COMMANDING OFFICER/DUTY CAPT. (PRINT)	SIGNATURE
<input type="checkbox"/> DISAPPROVAL		COMMAND DATE
<input type="checkbox"/> APPROVAL	RANK/NAME COMMANDING OFFICER OF NEXT HIGHER COMMAND	SIGNATURE
<input type="checkbox"/> DISAPPROVAL		COMMAND DATE

**INSTRUCTIONS:**

PART A prepared by patrol/command supervisor for all LINE OF DUTY injuries or illnesses whether member reports sick or not.

PART B prepared by supervising officer investigating injury.

PART C prepared by member if requesting line of duty injury designation.

DISTRIBUTION: FIRST THREE COPIES AND WITNESS STATEMENT - INJURY TO MEMBER OF THE DEPARTMENT (PD 429-065) TO BOROUGH OFFICE OR NEXT HIGHEST COMMAND. SAID COMMAND SHALL FORWARD TWO COPIES TO HEALTH SERVICES DIVISION, ONE COPY TO PERSONNEL SAFETY DESK. LAST COPY FILED IN MEMBER'S PERMANENT COMMAND (PERSONNEL FOLDER).