

For Your Records



Use this R.E.P.O.R.T. worksheet to guide your investigative process. This step-by-step tool will help you gather the information needed should a fraudulent claim occur. Remember, 80-90% of reported claims are NOT considered fraudulent – all employees are presumed innocent until proven guilty.

This is not a substitute for your First Notice of Injury or Loss filing.

Complete questions below for each section. If you answer NO, look for the warning signs!

R = Respond get help for the injured worker

Start by submitting the First Notice of Injury or Loss, then begin your investigation. Attach the copy of First Notice of Injury or Loss for this record.

Claim number: Injury Date: Reported Date:

Check YES or NO. If answer is NO - look for these warning signs

 The gap between the injury and reported date (above) makes sense. 	Yes	No	Injury reporting is delayedUnclear about date/time
Worker has not sought immediate attorney representation.	Yes	No	Attorney is representing injured workerAttorney reported incident first

Explain any "NO" indicated in the above section



E = Employees accounts, from injured worker and witnesses				
Employee Name: Phone: Job Title: Responsibilities:	Email:			
Employee's account of incident:				
Body parts injured & symptoms:				
Check YES or NO. If	f answer is N	10 – Id	ook fo	these warning signs
3. The reported injuries seem "conswith the incident.	sistent"	Yes	No	Injuries inconsistent with accidenReport sounds suspiciousVague description of injuries
Treatment occurred after incider reported.	nt was	Yes	No	 Treating before reporting the injurt to you may indicate collusion

3. The reported injuries seem "consistent" with the incident.	Yes	No	Injuries inconsistent with accidentReport sounds suspiciousVague description of injuries
Treatment occurred after incident was reported.	Yes	No	 Treating before reporting the injury to you may indicate collusion
Treatment is from a reputable medical provider.	Yes	No	 Treatment from questionable medical/attorney team
Employee is not under performance or disciplinary review.	Yes	No	 Employee has disciplinary actions, could use claim to sustain job
7. Employee was otherwise healthy before the incident.	Yes	No	Employee has preexisting health issues
8. There are no pending layoffs nor employee rumors of one.	Yes	No	There are pending layoffs and could use claim as "income"
9. Injury aligns with employee's normal job responsibilities.	Yes	No	 Doing something that doesn't fit regular work duties



10. Employee discussed injury with supervisor and/or coworkers.	Yes	No	 Didn't mention injury to supervisor and/or coworkers
Witn	esses		
11. There are witnesses to the incident (if yes, complete below).	Yes	No	No witnessesWitnesses related to employee
a. Witnesses' accounts align with employee.	Yes	No	 Witness stories doesn't match employee's account
b. All witness accounts agree.	Yes	No	 Witness stories conflict with each other
c. Witness accounts given in a prompt matter.	Yes	No	 Witness provides account late, allowing collaboration time
Witness 1 Name: Phone: Email: Witness account of incident:			Date:
Witness 2 Name: Phone: Email: Witness account of incident:			Date:
Witness 3 Name: Phone: Email: Witness account of incident:			Date:



Explain any "NO" indicated in the above section

P = Place the incident occurred			
Where did the injury occur?			
Check YES or NO. If answer is NO – look for these warning signs			
12. Location is appropriate to employee's work.	Yes	No	 Doesn't normally work in location
13. Location is normally fully supervised.	Yes	No	 Location has no supervision nor other employees to "see" what happened
14. This area has a surveillance camera (be sure to get the video!)	Yes	No	 Not covered by surveillance camera This area is the only one not covered with camera

Explain any "NO" indicated in the above section



O = Obtain a full investigation of the incident					
15. Upon viewing the surveillance video, the incident account matches and makes sense.	Yes	No	Actions on video seem supiciousActions don't match account of injury		
16. The incident was clearly an accident and was not avoidable.	Yes	No	 Incident seems purposely caused 		
17. All safeguards and safety protocols followed and conditions were safe.	Yes	No	Unsafe conditions were disregarded		
18. The incident was free of questionable machine or mechanism involvement.	Yes	No	Safeguards were removedUnsafe/suspicious use of machinesQuestionable mechanism of injury		
19. This is the first incident of this type of injury.	Yes	No	Similar injuries reported by others		
20. Employee wants to get back to work, curious about RTW program.	Yes	No	 Employee avoids RTW program 		
21. There are no rumors and/or suspicions expressed by other employees.	Yes	No	 Other employees report suspicions Rumors of secondary employment, plans to quit, suspicious social media messages Others planning to file similar claims 		

Explain any "NO" indicated in the above section



How many "NOs" did you count?

- Add up how many "Nos" and enter here:
- There's no magical number of "Nos" to make you suspect fraud, in fact, a single significant red flag could be the key to a case. However, you'll want to look carefully at incidents that show a series of more than 3-5 red flags and if a reasonable explanation doesn't appear available nor soon to be determined.

R = Report if the NOs don't add up and you're suspicious

- Report your concerns to ICWFraud@icwgroup.com or 855.ICW.FRAUD (855.429.3728).
- Have this R.E.P.O.R.T. worksheet ready.
- One call is all it takes. We'll guide you through the rest and close the loop with our Claims Department.

T = Team with ICW Group to reduce fraud

- ICW Group is your partner in helping control and prevent fraud in your workplace.
- See our online resources for more helpful information, visit icwgroup.com/fraud.