

R.E.P.O.R.T.

Respond, Employee, Place, Obtain, Report, Team

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

Explain any "NO" indicated in the above section



E = Employee accounts, from injured worker and witnesses

Employee Name:	
Phone:	Email:
Job Title:	
Responsibilities:	

Employee's account of incident:

Body parts injured & symptoms:

Check YES or NO. If answer is NO - look for these warning signs			
3. The reported injuries seem "consistent" with the incident.	Yes	No	 Injuries inconsistent with accident Report sounds suspicious Vague description of injuries
4. Treatment occured after incident was reported.	Yes	No	Treating before reporting the injury you may indicate collusion
5. Treatment is from a reputable medical provider.	Yes	No	Treatment from questionable medical/attorney team
6. 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
Witnesses			
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:			Date:
Phone:	Email:		
Witness account of incident: Witness 2 Name:			Date:
Phone:	Email:		
Witness account of incident:			
Witness 3 Name:			Date:
Phone:	Email:		
Witness account of incident:			

Explain any "NO" indicated in the above section:



P = **Place** the incident occured

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 superision 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 suspicious Actions 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 removed Unsafe/suspicious use of machines Questionable mechanism of injury



19. This is the first incident of this type of injury.	Yes	No	• Similar injuries reported by others
20. Employee want 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 "NO's" did you count?

- · Add up how many "No's" and enter here:
- There's no magical number of "No's" 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 NO's 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.

icwgroup.com

ICW Group is the marketing name for ICW Group Holdings, Inc. For a list of all ICW Group Holdings, Inc. subsidiaries, please visit our website www.icwgroup.com. Not all products and coverages are available in all states.