INJURY ON DUTY REPORT ORIGINAL/ SUPPLEMENT
CHICAGO POLICE DEPARTMENT

NAME OF INJURED (LAST) (FIRST) (M. I.)	STAR NUMBER	EMPLOYEE NUMBER	DATE OF INJURY

CREDITOR	SERVICE RENDERED	DATE	AMOUNT	TREATMENT APPROVED		SIGNATURE OF CHIEF SURGEON (BILL CERTIFIED AS REASONABLE)	DATE OF SIGNATURE	DATE SENT TO FINANCE COMM.	DATE APPROVED BY FIN. COMM.
				YES	NO				

CPD-62.381 (Rev. 5/06)