

NOTIFICATION OF LEGAL ACTION TO RECOVER DAMAGES

SOCIAL SECURITY NO.

I.O.D. CASE NO.

MEDICAL SECTION/HUMAN RESOURCES DIVISION
CHICAGO POLICE DEPARTMENT

MEMBER'S NAME	STAR NO.	EMPLOYEE NO.	DATE OF ACCIDENT	DATE SENT TO MEMBER
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INSTRUCTIONS:

The directive entitled "Medical Policy" requires all Department members to submit this form within 72 hours, whenever legal action is taken to recover medical expenses and/or wages from a third party.

A Department sworn member will complete and submit this form through channels to the member's district/unit commanding officer who will forward it to the Medical Section.

A Department civilian member will complete and submit this form through channels to the member's district/unit commanding officer who will forward it to the Human Resources Division.

The Department member will make a phone notification to the Claims Manager - City of Chicago - Department of Law, Torts Division. The claims manager can be contacted at at (312) 744 - 5650, Monday through Friday 0900 to 1600 hours.

The Department member will reimburse the City of Chicago in full for any sums which it has or may expend on the member's behalf for said medical and/or hospital expenses from any recovery which the member has or may secure from the person or party whom it is claimed is responsible for the member's injuries.

The Department member's commanding officer will review this form for completeness and forward it to either the Medical Section or the Human Resources Division.

DEPARTMENT OF LAW - PHONE NOTIFICATION

PERSON CONTACTED	DATE	TIME
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FORWARD TO: MEDICAL SECTION
 HUMAN RESOURCES DIVISION

NAME - RESPONSIBLE PARTY	LOCATION OF ACCIDENT	DATE OF ACCIDENT- TIME
NAME - ATTORNEY RETAINED	ADDRESS	TELEPHONE NO.
NAME - INSURANCE CARRIER (OF RESPONSIBLE PARTY)	ADDRESS	TELEPHONE NO.
NAME - CLAIM ADJUSTER	CLAIM NO.	

REMARKS

MEMBER'S NAME	STAR NO.	UNIT NO.	DATE
APPROVED - MEMBER'S COMMANDING OFFICER			DATE