

**POLICE ASSOCIATION OF CONNECTICUT**



**PRELIMINARY NOTICE OF CLAIM**



Name:

Department:

Date of Injury:

Time of Injury:

Date of Notification (Claimant to Local VP):

Officer in charge at time of accident:

Nature of Injury:

Describe how injury or illness on-duty was sustained:

Claimant's Attending Physician:

Claimant's Remarks:

**I hereby certify, on honor, that I have investigated the above statements and certify that all information herein is correct, to the best of my knowledge and belief.**

Local Vice President

Dated at:

this            day of

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