



Please answer the following questions below and fax back to me at _____

ASSAULT REPORT

regarding the Injury on Duty of _____ on _____.

The purpose of this report is for the Compensation Commissioner to establish liability for payment of compensation and medical expenses for the accident involving the employee named above. However, without the following information the Commissioner cannot establish liability or process the claim. Please answer the questions below in the form of a sworn statement.

1. Was the employee on duty at the time of the assault?

2. What was the motive for the assault?

3. Was the motive related to his duties? If so, how?

4. Where did the assault occur?

5. Did the employee provoke the attacker? If so, how?

6. How did the attack occur?

7. What injuries did the employee sustain?

Signature of Employer

Date