This form is designed to assist in reporting an incident resulting in damage or injury that involved the North Carolina Department of Transportation.

GENERAL INFORMATION:
(Please fill out General Information for either vehicle incident or property incident)

1. Your Name: ___________________________________________________________________________________

2. Your Address: ___________________________________________________________________________________
   City: __________________________ State: _____________ Zip Code: _________________________

3. Telephone: Business: (______)____________________ Home: (______)_____________________________

4. Date of Incident: _____________ Time: _________ Location: _________________________________________

5. State Agency Involved in Incident: _______________________________________________________________

6. State employee you consider responsible for the Incident: ___________________________________________

7. Address: ___________________________________________________________________________________

8. Explain in your own words how you were injured or damaged and in what way you believe the State employee was responsible.
INCIDENT INVOLVING A MOTOR VEHICLE: (Please fill out only if incident involved a motor vehicle)

9. Private Vehicle Involved in Incident:
   Make: ____________________________  Model: ____________________________  Year: __________________
   License Number: ____________________  State: ________________________
   Driver: ____________________________  Age: _________________________
   Owner of Vehicle: __________________________
   Insurance Company and Policy Number: __________________________
   Speed of Vehicle at the time of the incident: _________________________
   Has the vehicle been repaired? ________________________________
   If the vehicle has been repaired, state place where it was repaired: __________________________
   Cost of Repair: ____________________  Have the Repairs been paid for? _____________________
   If the repairs were paid for, who paid for them? ________________________________

10. The damages consist of the following:

11. State Vehicle:
   Agency: ____________________________  Operator: ____________________________
   Address: ____________________________  Make of Vehicle: ____________________________
   Model: ____________________________  Year: __________________
   License No.: ____________________________  Speed of Vehicle: __________________
   If State Vehicle, was it a truck, state: Was it loaded _____ with what __________________
   How high was it loaded? ____________________  Was it covered? __________________

12. Injuries:
   Name: ____________________________  Address: ____________________________
   Name: ____________________________  Address: ____________________________
   Name: ____________________________  Address: ____________________________
   Name: ____________________________  Address: ____________________________

13. Nature of Injuries: ____________________________
14. Doctor(s): ______________________________________________________________________________________

Hospital(s): _______________________________________________________________________________________

Date of Treatment: ___________________________________________________________________________________

15. If there were any witnesses to the accident, please list names below and their addresses:

   Name: __________________________ Address: ___________________________________________________________
   Name: __________________________ Address: ___________________________________________________________
   Name: __________________________ Address: ___________________________________________________________

16. Investigation Officer: _____________________________________________________________________________

   Department: _____________________________________________________________________________________

17. Show how incident occurred by using one of these diagrams:

   IMPORTANT: Please fill in diagram showing position of automobile and injured person (or other vehicle with which insured vehicle collided) with direction in which both were proceeding.
INCIDENT INVOLVING PROPERTY DAMAGE:
(Please fill out only if incident involved property damage other than a vehicle)

18. Property Involved in Incident:
   Address: ______________________________________________________________________________________
   City: ___________________________ State: ___________________ Zip Code: __________________

19. Date of Incident: ________________ Time: ______________

20. State Agency Involved: _______________________________________________________________________

21. State Employee you consider responsible for the incident:
   ____________________________________________________________

22. Address of State Employee: ___________________________________________________________________

23. State Project Number: _________________________________________________________________________

24. Contractor: _________________________________________________________________________________

Provide any additional comments or attach pictures related to the incident.

Date of Report: ______________________________ Signature: ________________________________