

North Carolina Department of Transportation Citizen Incident Statement



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: _____

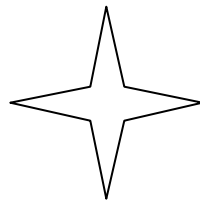
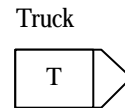
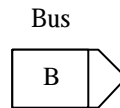
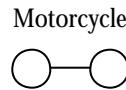
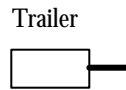
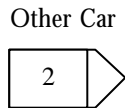
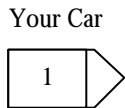
Name: _____ Address: _____

16. Investigation Officer: _____

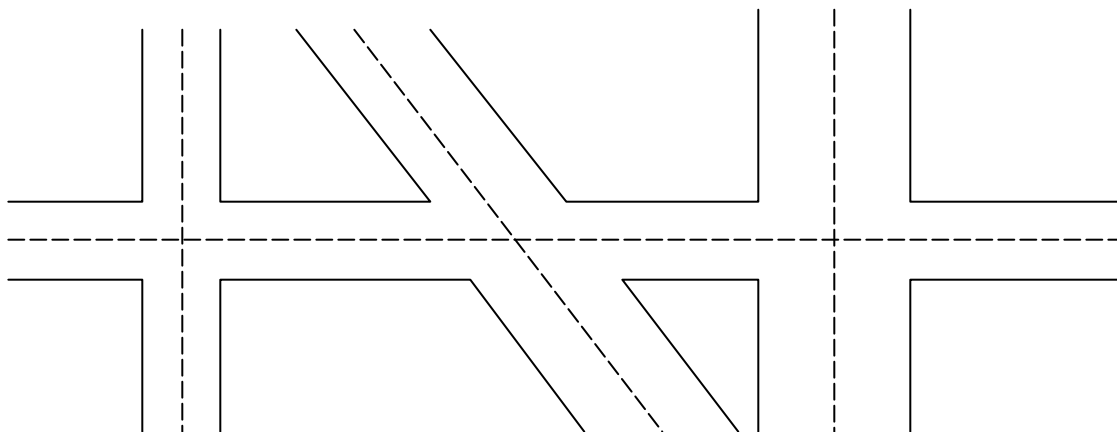
Department: _____

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.



Indicate Points of Compass
(N,E,S,W)



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: _____