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: _________________________


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: ________________________________________________