

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION EMPLOYEE'S STATEMENT

Employee Name: _____ Personnel # : _____

Employee Title: _____

Division: _____ County: _____ Department #: _____

Date of Incident: _____ Date Incident Reported: _____

Description of Incident (What happened?) _____

** If this incident involved a backing accident, please answer the questions on the back of this form.*

Incident Witnesses- Yes No: If checked yes, list name(s) & telephone number(s) on back.

Cause of Incident (What caused it to happen?): _____

How could this incident have been prevented: _____

I CERTIFY THAT I HAVE READ THE ABOVE INFORMATION AND THAT IT IS A TRUE, ACCURATE, AND FACTUAL STATEMENT. I FURTHER CERTIFY THAT IF I AM THE INJURED PARTY THAT MY INJURY/ILLNESS AROSE OUT OF AND IN THE COURSE OF MY EMPLOYMENT WITH NCDOT. (I HAVE READ THE ABOVE OR IT HAS BEEN REVIEWED AND EXPLAINED TO ME.)

Employee's Signature

Print Witness Name (For statement and signature only)

Date

Witness Signature

Date

Employee Home Address (only if above is injured party)

Home Phone (Area Code-Local Number)

Backing Accident Information

1) Yes No
 Were there any passengers in your vehicle or employees in the immediate area that could have assisted you at the time of the accident?

2) List the names of all passengers or employees in the immediate area:

3) Yes No
 Before backing your vehicle, did you request assistance from any passengers or employees in the area?

4) If you answered no for question number 3, please explain why:

 Driver's Signature

Incident Witness List

Name	Phone Number (Area Code-Local Number)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____