



NORTH CAROLINA JUDICIAL BRANCH EMPLOYEE NOTICE OF ACCIDENT/INCIDENT

This form is to be completed in full by the employee involved. All questions must be answered, and detail questions should be thoroughly answered. Once complete, forward to NCAOC Safety & COOP team via email at Judicial.SafetyCOOP@nccourts.org or fax at 919-890-1905 or 1906

Date of Incident: _____ Time of Incident: _____

Employee Name: _____

Home Address: _____

Personal Telephone: _____ Work Telephone: _____

Social Security Number: _____ Sex: ☐ M ☐ F

Date of Birth: _____

Employer's Name: _____

Employer's Address: _____

Location of Incident: _____

Specific Body Part(s) Involved/Affected: _____

Describe in Full Detail How Incident Occurred: _____

Date Supervisor Notified: _____ Supervisor: _____

Job Title During Incident: _____ Is this a Grant Position: _____

Nature of Employer's Business: _____

Number of Days Out of Work Due to Injury / Return to Work Date: _____

Work Restrictions: _____

Treated by Physician: _____ Employee Wages: _____ Agency Date of Hire: _____

Employee Signature or Representative

Date