

**INCIDENT REPORT (NON-WORKER'S COMPENSATION)
PERSONAL INJURY, DAMAGE TO OR THEFT OF
PERSONAL PROPERTY**

JD-ES-130 Rev. 12-19

Administrative Policies and Procedures Manual - Policy 1103

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov



Instructions:

Send completed form to the address below.

To: Facilities Unit, Judicial Branch, 90 Washington, Street, Hartford, CT 06106 or e-mail form to facilities@jud.ct.gov

I. Personal Information of Party Sustaining Injury or Property Damage/Loss

Name	Is person insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known	Name of Insurance Carrier (if person is insured)
Reason for presence <input type="checkbox"/> Employee <input type="checkbox"/> Juror <input type="checkbox"/> Witness <input type="checkbox"/> Counsel <input type="checkbox"/> Spectator <input type="checkbox"/> Not Known <input type="checkbox"/> Other (Specify):		
Job Title, Division, and Office Address (if State Employee)		Office phone number
Home address (Number, street, city, state and zip code)		Home phone number

II. Where and When Incident Occurred

Address and specific location where incident occurred (If this is a report of personal injury, attach a diagram of location)

Incident occurred on

☐ State Property ☐ Other (Specify, if known):

Date and time of incident

Weather and lighting conditions

III. Circumstances if Personal Injury

Explain how the accident happened and describe injuries, include parts of the body affected

IV. Circumstances if Personal Property was Damaged or Stolen

Item	Value	Stolen	Damaged	Description of damage (if applicable)

Explain how the damage or loss occurred

V. Witnesses and Investigation

Name and address of witness	Business phone number	Home phone number

Were police notified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known	Was incident investigated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known	Name and occupation of investigator <i>(if incident was investigated)</i>
Were photographs taken? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known	<i>If possible and appropriate, photographs of accident scene and/or injury should be taken and enclosed within this submission or sent as attachments if the form is submitted via e-mail.</i>	

For Office Use Only

Name and address of person who reported incident		Telephone number
Date incident reported	Address of office	Business phone number
Name of Department/Division Head	Signature of Department/Division Head	Date signed