

**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](http://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](mailto: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 ( <i>if person is insured</i> )
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 ( <i>Specify</i> ):		
Job Title, Division, and Office Address ( <i>if State Employee</i> )		Office phone number
Home address ( <i>Number, street, city, state and zip code</i> )		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 <input type="checkbox"/> State Property <input type="checkbox"/> Other ( <i>Specify, if known</i> ):	
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 ( <i>if applicable</i> )

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