

# Broome County Office of Risk Management

Broome County Office Building . 60 Hawley Street

P.O. Box 1766, Binghamton, NY 13902 [www.gobroomecounty.com](http://www.gobroomecounty.com)

Main Office: Phone (607)778-2402 Fax: (607)778-2918

## Incident Only Reporting Instructions

Effective March 6, 2014

### BLUE PACKET

1. **To be used only for reporting of an incident with no lost time from work or medical treatment.**
2. **WC Form 1 Claimant's Statement** – to be completed and signed by claimant.
3. **WC Form 2 Supervisor's Statement** – to be completed and signed by Supervisor and provided to the Department Head for signature.
4. **WC Form 3 Witness Statement** – to be completed by any and all witnesses of the reported accident/incident. Each witness must complete a separate statement.
5. **If lost time or treatment occurs after filing this incident report, a full workers' compensation packet must be completed within 5 days of treatment or 1<sup>st</sup> day of lost time.**

**For quicker notifications, the packet can be faxed to (607) 778-2918 or emailed to [bcworkerscomp@co.broome.ny.us](mailto:bcworkerscomp@co.broome.ny.us), but all originals must be forwarded to Risk & Insurance via interoffice mail or through standard mail**

**I have read the above instructions and understand that it is my obligation to notify my supervisor or department if I go for treatment or lose any time from work due to this incident. I also understand that if lost time or treatment occurs due to this incident, I must complete the full Broome County Workers' Compensation Packet.**

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**Signature of employee (claimant)**

**Date Signed**

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## CLAIMANT'S STATEMENT

Person Injured \_\_\_\_\_ Social Security# \_\_\_\_\_  
(Last Name) (First Name) (Initial)

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Department \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ AM PM Job Title \_\_\_\_\_

Exact Location of Incident \_\_\_\_\_

Property/Equipment Involved \_\_\_\_\_

Describe exactly what happened (attach additional pages if necessary) \_\_\_\_\_

Describe any Injuries in Detail \_\_\_\_\_  
(attach additional pages if needed)

Witnesses to Incident \_\_\_\_\_ Witness Department \_\_\_\_\_ Witness Contact information \_\_\_\_\_

Attach additional pages if needed

**My signature affirms and certifies that the information I have provided is true and accurate, that no false statements or representations or material omissions have been made in support of any claim for payment, and that I understand that that this document will be presented to an insurer and become a part of the records of Broome County.**

\_\_\_\_\_  
Signature and title of person preparing report

\_\_\_\_\_  
Date

# SUPERVISOR/DEPARTMENT HEAD STATEMENT

Please attach additional pages, if necessary

Date notified of Injury \_\_\_\_\_ Time notified \_\_\_\_\_ AM PM \_\_\_\_\_

Did you witness the Accident/Injury?  Yes  No

If yes, please describe the incident/accident in detail as witnessed along with employee's condition after injury \_\_\_\_\_

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If No, please state the claimant's account of the injury and your observation of their condition at the time of reporting (i.e limping, cut, bruised, etc)

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Do you agree with the claimant's statement of injury?  Yes  No

If you do not agree with the statement of injury, please explain: \_\_\_\_\_

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Was Personal Protective Equipment required  Yes  No If Yes, was it used properly  Yes  No

Please list any unsafe conditions or hazards that caused/contributed to this incident \_\_\_\_\_

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Please note any precautions that should be taken to prevent a similar injury in the future \_\_\_\_\_

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SIGNATURE OF SUPERVISOR

DATE

SIGNATURE OF DEPARTMENT HEAD

DATE



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## WITNESS STATEMENT

(Each witness must complete a separate statement)

Attach additional pages, if necessary

Date of Accident/Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ AM PM

Location of Incident \_\_\_\_\_

Witness Name \_\_\_\_\_ Witness Job Title \_\_\_\_\_

Witness Department \_\_\_\_\_ Witness Phone Number \_\_\_\_\_

Witness Description of Incident (Include as much detail as possible): \_\_\_\_\_  
(attach an additional page if necessary)

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**My signature affirms and certifies that the information I have provided is true and accurate, that no false statements or representations or material omissions have been made in support of any claim for payment, and that I understand that this document will be presented to an insurer and become a part of the records of Broome County.**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date Signed