



# NON-EMPLOYEE INJURY INCIDENT REPORT

Reference # \_\_\_\_\_  
Claim # \_\_\_\_\_

**PURPOSE**

The purpose of this form is to document information and details whenever a customer or non-employee of Wake County ABC is injured on any property owned, leased, or managed by Wake County Alcoholic Beverage Control.

**PROCESS**

- **Step 1:** If it is a life emergency then **IMMEDIATELY dial 911**
- **Step 2:** Once the customer has been assisted and cared for then **IMMEDIATELY** contact the Office or, if after hours, the Administrative On-Call Number (919.610.6313)
- **Step 3:** Complete the information below

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ am/pm Location (store #/office/warehouse): \_\_\_\_\_

Name of injured person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

NC Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Was 911 called? \_\_\_\_\_ Where in the building did the injury occur? \_\_\_\_\_

Describe the injury: \_\_\_\_\_

\_\_\_\_\_

Names of witness(es) : \_\_\_\_\_

Names of employees present: \_\_\_\_\_

Employee's (Store Management) summary and details of the incident *(use back of this page if additional space is needed):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Employee Completing This Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Customer/Employee Completing This Form

