

## **Division One - Incident Guidelines**

Please follow the guidelines below when an incident occurs. Also, an Incident Forms checklist and a Form 19 Assembly/Distribution checklist is attached for your use when completing the necessary paperwork. The Safety Department should be included in the Incident Investigation if at all possible.

### ***When it is an injury/worker's comp. related incident:***

1. Immediately notify the **Supervisor** and **Safety Department**.
2. Immediately give the employee a Medical Authorization/ Return to Work Form upon reporting the injury to take to the doctor with them. The employee cannot return to work after his/her doctor's visit without the Medical Authorization form signed by the physician.
3. Immediately print Workers' Comp. Employee Handbook and a copy of the cover page from the **NC DOT Portal**, click on the menu called **employee info**, then a dropdown menu will appear. Click on **Safety & Workers Comp**. You should see **electronic forms** in this section. Give the booklet to the employee and have them sign that they received the book on the cover copy.
4. Complete the Form 19/OSHA301 combined form if medical attention is required.
  - a) **The Form 19 must be received in Raleigh within 5 working days.** The Dept. Head shall send the original Form 19 to Workers' Comp. within 5 working days. Fax a copy of the Form 19 to the W/C Dept. ASAP so that the Workers Comp Dept. is aware of the incident. ***Put a notation of the date mailed to Raleigh on the Form 19 in the top right hand corner.***
  - b) If employee chooses not to receive medical attention immediately, the supervisor still must complete a Form 19/OSHA301. A Refusal of Treatment Form (WC-94RT) and Employee Statement form (I1) must be completed and signed by the employee. These forms can also be located in the electronic forms section of the NCDOT Portal as mentioned above. These should be sent to the Workers Comp. Dept. upon completion of incident investigation.
5. **The investigation must be done immediately**, as the Medical Authorization/Return to Work, I-1, I-2, and WC-93RI forms are required to start a worker's comp. claim. The Dept. Head shall also send the original to the W/C Dept. in Raleigh & copies per the Assembly/Distribution of the Incident Package. **If any items are not included because they have not been received, such as a Highway Patrol report, write a note stating why and when they can expect them.**
6. Any original follow up items (bills, reimbursements, Drs. notes, etc.) are to be sent to the Division Safety Officer, Jo Ann White, with one copy attached. Do not send to Raleigh unless requested to do so.

**NOTE:** A Form 18 will be sent to the employee from Joyce Wilson's office, (Workers Comp. Dept in Raleigh) with a 1-800# to the Industrial Commission. Employees who receive the Form 18 and have questions should call the Industrial Commission. A copy of the Form 19 will also come from Raleigh to the employee.

### ***When it is an equipment accident:***

- Immediately notify:
1. Law Enforcement - if applicable
  2. Supervisor and Safety Department
  3. Traveler's Ins. -whenever an outside party is involved  
**1-800-832-7839 Policy # TRJ-CAP104T6800**
  4. Refer to post accident Drug & Alcohol Policy when applicable.

**Send the original complete incident investigation package to the Division Engineer.**

Send a copy of complete package to the Equipment Superintendent, Ricky Feher if equipment is involved in the incident.

(These can be found on the Portal and Electronic Forms)

### **Form 19/OSHA301**

To be filled out completely and signed by Supervisor , when employee files a WC claim. Make sure to enter Employee's home phone number and date of birth. Enter local DOT office address, phone number and the Name, Address and Phone number of the Treating Physician. **If this is an OSHA reportable injury, you will need to call person handling your OSHA300 log for a case log number to enter. Also fax/send that person a copy of the completed form ASAP. Give employee a copy of the 19 for his or her records.**

### **Workers Compensation Employee Handbook**

**Print copy of Workers Compensation Employee's handbook and have employee sign as receipt of receiving handbook. Run copy of page with signature and send with original packet.**

### **N.C. Department of Transportation Worker's Comp. Release of Information Form**

This form authorizes health care providers and others to provide us with information we need to process the Workers' Comp. claim without any unnecessary delays. You need to read this form and sign it in the employee space. Have your supervisor or a co-worker sign and date in the Supervisor/witness space NCDOT Workers' Comp. Release form is to be filled out and signed when the Form 19 is filled out.

### **N.C. Department of Transportation Medical Authorization/Return to Work Form**

This form authorizes the provider to treat you under the Workers' Comp. Program. It should be completed by supervisor, and the healthcare provider. It allows the supervisor to know what, and if any limitations exist concerning your ability to work. It **MUST** be returned to the supervisor before you can go back to work.

### **Form I-1**

This form provides us with information concerning the incident, accident and/or injury. Complete all parts of the form, read the statement and sign. Have someone sign as a witness and return the form to your supervisor within one day of the accident/injury.

### **Form I-2**

This form is for the investigation by the supervisor and committee to learn the root cause of the accident/injury. Complete all parts of the form, read the statement, and sign by the investigation committee.

### **Leave Option Form (FR-26) \*Revised 12/08**

This form is used to notify DOT personnel about your choice of leave to take during the first seven days of your absence due to injury. (The day of injury does not count as a lost day). **This form does not go in with the package unless there is going to be lost work days.** It also allows us to know that you have been provided information about Workers' Comp. Program. You should read the form, make your choice of leave, sign the form and give it to the supervisor within one day of the accident/injury.

### **Form 19S**

To be completed by Supervisor on the day the employee returns to work. **Fax or e-mail a copy to WC section and original copy through normal channels.** This is the only way WC section knows employee has returned to work. **Also fax/send your OSHA 300 log handler a copy of the completed form ASAP – they need the number of days away from work for the log.**

## **N.C.D.O.T. Incident Forms – Division One Injuries**

_____	Form 19/OSHA 301	Industrial Comm. Injury Report
_____	Form I-2	Incident Investigation
_____	Form I-1	Employee/Witness Statement
_____	Form WC-93RI	Worker's Comp Release of Info.
_____	Form FR-26	Use of Leave Options
_____	Form WC-94-RT	Refusal of Treatment (if applicable)
_____	Form MARTW	Medical Authorization/Return to Work
_____	Copy of Receipt of Handbook Signature Page	
_____	Incident Investigation Checklist	
_____	SCAT Checklist	
_____	Daily Tailgate Safety Meeting	
_____	Vehicle/Equipment Checklist (if applicable)	
_____	Pictures/Detailed Drawings	
_____	Hwy-Patrol/Police Report (if applicable)	
_____	Other Details – any information that would add to the investigation	

The above forms are to be completed when injury first occurs. (Forms found in Electronic Forms Section on the NCDOT Portal under Safety & Workers Comp.).

Other forms for Workers' Comp. claims include:

- Work Ability Form (on subsequent Doctor visits)
- Form 25T Travel Reimbursement (must attach proof of visits)
- Form 25P Prescription Reimbursement (must attach receipts)
- Form 19-S Supplemental Report of Injury

## **N.C.D.O.T. Incident Forms – Div. One Equipment Accidents**

_____	Form 140	Equipment Accident & Property Damage Report
_____	Form I-2	Incident Investigation
_____	Form I-1	Employee/Witness Statement
_____	Incident Investigation Checklist	
_____	SCAT Checklist	
_____	Daily Tailgate Safety Meeting	
_____	Vehicle/Equipment Checklist	
_____	Pictures/Detailed Drawings of Workzone	
_____	HWY Patrol/Police Report (if applicable)	
_____	Other Details – any information that would add to the investigation	

## Assembly/Distribution of Incident Package

**TO: NCDOT Workers Comp. Section (For Injury/Illness Only)**  
**Safety & Loss Control**  
**1594 Mail Service Center**  
**Raleigh, NC 27699-1594**

1. Original Form 19/OSHA 301 (use combined form)
2. Medical Authorization/Return to Work (MARTW)
3. Original FR26 – Use of Leave Options
4. Copy of I-1
5. Copy of I-2
6. Copy of 140, if applicable
7. Copy of Workers' Comp. Booklet Receipt Page
8. Original Release of Medical Information (WC-93RI)
9. Original Refusal of Treatment form (WC-94RT), if applicable
10. Copy of Highway Patrol accident report, if applicable.

**TO: Division Engineer**

1. Original I-2
2. Original I-1
3. Copy of Medical Authorization/Return to Work Form(MARTW)
4. Copy FR26 – Use of Leave Options
5. Copy of Form 19/OSHA301 (use combined form)
6. Original 140, if applicable
7. Copy of Release of Medical Information Form (WC-93RI)
8. Copy of Refusal of Treatment Form (WC-94RT), if applicable
9. Original Highway Patrol accident report, if applicable
10. Copy of Workers' Comp. Booklet Receipt Page
11. *All other required Incident Investigation forms as required by the Division (see NCDOT Incident Forms – Division One checklist)*

**TO: Equipment Superintendent (R. W. Feher, Jr.)**

Send copy of the complete package for all equipment accidents.

**TO: Person handling Master OSHA 300 log for your area**

1. Fax/send copy of Form19/OSHA301, **only if a recordable case.**
2. Email days away from work, as information is known.

## Miscellaneous Worker's Compensation Reminders

- Employee must have a **Medical Authorization Return to Work**, filled out by doctor, before returning to work. Will also need **Release of Info** and **Use of Leave Options Election**, if seeking medical attention. Need to use the **Refusal Form**, if employee refuses to seek medical attention.
- Employee will get paid for the balance of the actual day of injury as time worked (code 9500). The employee will then have a 7-day waiting period. (Does not matter if goes to doctor.) **If he/she goes to doctor later – that will be the 1st day of waiting period.** He/she can use any of their leave (vacation, sick, bonus) during the 7-day waiting period. The waiting period includes weekends & holidays if out continuously. If the employee's time is sporadic, then the time entry clerk would need to count 7 actual days or portions (hours) of the day in order to satisfy the waiting period.
- On day number 8, the employee must be removed from the payroll and placed on Leave Without Pay (LWOP) status. A copy of his/her payroll sheet showing the LWOP (if applicable) must be faxed to Kamiran McKoy, W/C, Processing Assistant @ (919) 212-3121, along with a doctor's excuse or something to prove it is due to worker's comp, also needs to be faxed. (The division does not need a copy of the payroll sheets.) Payroll information is kept with his/her records. An employee needs to be separated from payroll if he/she stays out a whole pay period. The employee is entitled to receive Worker's Compensation benefits for the duration of their absence as long as their treating physician certifies that absence is necessary. A temporary employee needs to be separated the day of the accident if he is going to be out a while. If this happens, please make sure your Dept. Head is aware of the situation.
- The code 9680 is ONLY to be used when the employee has satisfied his/her 7-day waiting period. Remember that the code 9680 is used for time off for physical therapy, doctor's appointments, MRI's etc. after the employee is back at work. No one should ever be coded 9680 for more than a full workday (eight hours more). The injured worker must work a portion of the day in order to be given code 9680 for time away from work.
- Contact the W/C Section for Division I at, (919) 250-4200 ASAP when employee returns to work so W/C can do final check. **Form 19-S** has to be filled out since original did not show return to work date. Employees to be reinstated to payroll effective day of return (don't forget to add annual & sick leave for PP's not on payroll). **CDL employee out 30 days or more must be pre-employment drug tested.**

Send original + 1 copy of all invoices, doctors' notes, travel reimbursements, and prescription reimbursements to Safety Officer, Jo Ann White. You **must** attach proof of visits with the travel reimbursement and drug receipts with prescription reimbursement.

## Questions or Problems

### Primary Contact

**Jo Ann White or Heidi Worten @ Division Office (252) 482-7977**

**(Jo Ann's Cell# 339-9067) & (Heidi's Cell# (394-5655)**

*Listed is the staff of the Workers Comp Dept. in Raleigh, should you need to communicate with them. This is the team for our division.*

**LuNeta Vaughan, Administrative Officer, II.** New accident/claims should be reported to LuNeta . She is the person who receives the WC packets. This includes forms for Medical Release Information, I-1's, I-2's, medical bills, doctor's notes, etc. **If the employee has obtained an attorney or some other major problem has incurred, LuNeta Vaughan** is your contact person. Of course, if the matter is very controversial or needs extra-special care, refer to Joyce Wilson, the WC Administrator. She will definitely be available to address the issues.

**Kamiran McKoy, WC Claims Processing Assistant, IV.** Kamiran pays the injured employee their bi-weekly payroll on WC, including Temporary Total, Temporary Partial, and Permanent Partial Disability checks. She must have time sheets and any doctors' notes pertaining to the employee going out of work or coming back to work. You may email or call her to let her know who is coming on or going off WC leave. Kamiran also pays prescription bills. Please forward pharmacy calls/questions/concerns and Form 25P's to her attention.

**Felecia Blackmon, Office Assistant, IV.** Felecia answers status calls regarding medical bills. Her duties include the processing and payment of these bills. Felecia may ask for documents from you in order to setup WC Claims. You may also receive a call regarding required documents from LuNeta Vaughan.

#### ***-The Eastern WC Team***

*Office #: 919-250-4200 Fax #: 919-212-3121*

LuNeta Vaughan ext. 219 / email: [lvaughan@dot.state.nc.us](mailto:lvaughan@dot.state.nc.us)

Kamiran McKoy ext. 221 / email: [kmckoy@dot.state.nc.us](mailto:kmckoy@dot.state.nc.us)

Felecia Blackmon ext. 220 / email: [fblackmon@dot.state.nc.us](mailto:fblackmon@dot.state.nc.us)

#### **Joyce Wilson W/C Administrator @ NCDOT Worker's Compensation Section**

Phone: (919)250-4200

Fax: (919) 212-3121

#### **Tom Best, Safety Risk Mgr.**

Pager (888) 457-0517

Phone: (919) 731-2056

Fax: (919) 731-5669

## FORM 19 / OSHA301 CASE NUMBER INFORMATION

Primary facility that maintains complex OSHA 300s are in bold.

---

### Pagotank Maintenance

Elizabeth City District Office  
Pasquotank Maintenance  
Camden Maintenance  
Elizabeth City Construction  
Elizabeth City Equipment  
Elizabeth City Bridge

### Manteo Maintenance

Manteo Maintenance  
Manteo Roadside Env.  
Manteo Equipment

### Hertford Equipment

Hertford Equipment  
Hertford Roadside Environmental  
Perquimans Maintenance

### Maple Maintenance

Maple Maintenance  
Maple Equipment

### Gatesville Maintenance

Gatesville Maintenance  
Gatesville Equipment

### Must Maintain Separate Log

Buxton Maintenance  
Ocracoke Maintenance  
Harbinger Bridge  
Manteo Construction

### Must Maintain Separate Log

**Edenton Division Office**  
Div.Admin. DDC, TSO

---

### Union Maintenance

Union Maintenance  
Union Equipment  
Union Bridge  
Union Roadside Environmental  
Union Traffic Services  
Union Road Oil

### Jackson Maintenance

Jackson Maintenance  
Jackson Equipment

### Traffic Services

Will collect all T.S. data  
Divisionwide and submit to  
Union Maintenance Office Asst.

### Must Maintain Separate Log

District Two Office  
Ahoskie Construction  
QMS Lab  
Windsor Maintenance

---

### Williamston Maintenance

Williamston Maintenance  
Williamston Bridge  
Williamston Equipment

### Creswell Maintenance

Creswell Maintenance  
Creswell Bridge  
Creswell Equipment

### Must Maintain Separate Log

Plymouth District Office  
Chowan Maintenance  
Tyrrell Maintenance  
Williamston Construction

### Hyde Maintenance

Hyde Maintenance  
Hyde Equipment

---

### Example of Case Numbers

1 - 1 - M

1st # = Area Number of Occurance

2 - 2 - M

2nd # = Dept Number of Occurance

3 - 1 - E

Letter= Dept Code

4 - 3 - M

5 - 1 - RS

**In this example: There were 5 reportable injuries. Maint had 3, Equip 1, & Roadside 1 (M=Maint, E=Equip, T=Traffic, C=Const, RS=Roadside, RO=Road Oil, etc.)**