

**CONNECTICUT MILITARY DEPARTMENT**  
**SERIOUS INCIDENT REPORT**



**PURPOSE:** To ensure serious incidents are reported properly, timely and accurately to the appropriate personnel and agencies.

**AUTHORITY:** Connecticut General Statutes Section 27-6a, 27-7, 27-17, 27-18, 27-61, 27-67, 31-284a & 31-309.

**INSTRUCTIONS:** In accordance with standard operating procedures and guidance from the Adjutant General or his representative, serious incidents involving personnel while on official military duty, shall be reported on this document to best level of detail within 24 hours. Incomplete reports are acceptable if all information is not known within a 24 hour period.

- **MEMBER INFORMATION:** This report is only to be used for active members reported on CTMD Form 1-1.
- **INCIDENT INFORMATION:** Provide as much detail as possible surrounding the circumstances of the incident. Witnesses should provide additional information on a separate document.
- **WORKERS' COMPENSATION CLAIM REPORTING:** This section is a tool to be used by leadership to ensure all documentation is forwarded to the CTMD Personnel Office and the Third Party Administrator Intake Center.
- **INFORMATION REPORTING PROCEDURES:** At a minimum, the Assistant Adjutant General and the Military Administrative & Programs Officer need to be informed in addition to the CTMD Personnel office and the Third Party Administrator Intake Center.

**SEND THIS FORM & SUPPORTING DOCUMENTATION TO:**

Connecticut Military Department  
Human Resources Manager  
360 Broad Street Room #141  
Hartford, Connecticut, 06105-3706  
(860) 548-3218 (fax)

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MEMBER INFORMATION			
Last Name, First Name, MI:		Rank:	Unit:
Street, City, State & Zip Code:			
INCIDENT INFORMATION			
Date:	Time:	Location:	
Description of Incident ( <i>be specific</i> ):			
Duty being performed:			
Description of injuries or damages:			
Names of witnesses:			
WORKERS' COMPENSATION CLAIM REPORTING			
Forms completed & forwarded to CTMD Personnel Office 860-548-3218 (fax): <input type="checkbox"/> DAS Form 207 (First Report of Injury) <input type="checkbox"/> DAS Form 207-1 (Incident Review Report) <input type="checkbox"/> WCC Form 1A (Filing Status Exemption) <input type="checkbox"/> DAS Form PER-WC-211 (Concurrent Employment & Third Party Liability) <input type="checkbox"/> DAS Form WC-715 (Request for Use of Accrued Leave with Workers' Compensation) <input type="checkbox"/> DAS Form 208 (Physicians Workers' Status Report)			
<input type="checkbox"/> Third Party Administrator (TPA) Injury Intake Center Contacted 1-800-828-2717			
Date & Time of Call:	Individual who made the call:	Name of TPA Intake Worker:	
INFORMATION REPORTING PROCEDURES			
Assistant Adjutant General informed <input type="checkbox"/> via phone <input type="checkbox"/> via e-mail <input type="checkbox"/> via fax Military Administrative & Programs Officer informed <input type="checkbox"/> via phone <input type="checkbox"/> via e-mail <input type="checkbox"/> via fax			
CERTIFICATION			
I attest that the information contained on this document is true and accurate to the best of my knowledge. I acknowledge that the information contained on this document and supporting documentation will remain confidential in accordance with applicable privacy acts and may only be shared with authorized personnel. I acknowledge that this document will be retained in the individual's personnel file held at the Connecticut Military Department.			
_____ Signature of Commandant		_____ Date	