North Carolina Industrial Commission

IC File # _____

Emp. Code # _____

SUPPLEMENTAL REPORT FOR FATAL ACCIDENTS

(FORM 19, EMPLOYER'S REPORT OF EMPLOYEE'S INJURY TO THE INDUSTRIAL COMMISSION, MUST ALSO BE SUBMITTED IN EVERY CASE)

Carrier Code # _____

The I.C. File # is the unique identifier for this injury. It will be provided by return letter and is to be referenced in all future correspondence. Code numbers assigned to each employer and carrier should be inserted before mailing.

Deceased Employee's Name

Address

City State Zip

( ) ( )
Home Telephone Work Telephone

XXX-XX- ☐ M ☐ F / /
Last 4 Digits of SSN Sex Date of Birth

Employer's Name Email Address ( ) Telephone Number

Employer's Address City State Zip

Insurance Carrier

Carrier's Address City State Zip

( )
Carrier's Telephone Number Adjuster's Name Email Address

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1. Date of accident: _____ 2. Date of death: _____, 20 ____

3. Dependents, or if employee left no dependents, next of kin: (Indicate which are non-resident aliens)

	Name	Date of Birth	Relationship	Present Address
a.				
b.				
c.				
d.				
e.				
f.				

4. Immediate cause of death: _____

5. Amount of burial expenses authorized $ _____

Signature of Employer or Carrier/Administrator Title Date

FILE VIA ELECTRONIC DOCUMENT FILING PORTAL
HTTPS://WWW.IC.NC.GOV/DOCFILING.HTML

CONTACT INFORMATION:
NCIC-CLAIMS ADMINISTRATION
TELEPHONE: (919) 807-2502
HELPLINE: (800) 688-8349
WEBSITE: HTTPS://WWW.IC.NC.GOV

FORM 29