

New Mexico Tech Worker's Compensation Supervisor's Incident Investigation Report of Loss

To be completed by the supervisory person most immediately responsible for the operation in which the loss occurred as soon as possible after the occurrence. Forward report to 5 R V D - D U D P L O O R at Human Resources . This information is for use in preventing similar losses in the future and claim assessment.

Type of Loss

Describe Loss

Name of Injured Worker

Job Title

Department

Name(s) of Witness(es)

Date and Time of Loss

Date and Time of Loss Reported

Location where incident occurred

Was injured employee performing
normal job duties?

Yes

No

If no, describe when injury occurred:

Injury Information (check location
and type if applicable):

Left

Right

n/a

Location:

Head	Face	Eye	Ear	Nose	Mouth
Neck	Back	Chest	Abdomen	Groin	Buttocks
Shoulder	Arm	Elbow	Wrist	Hand	Finger
Toe	Leg	Thigh	Knee	Calf	Foot
Other					

Type:

Laceration	Contusion	Abrasion
Sprain/Strain	Burn	Fracture
Amputation	Puncture	Dermatitis
Crushing	Electric Shock	Chemical Exposure

