



INCIDENT REPORT

Name of Employer University of New Mexico-Taos		Department Name			
Department Mailing Address		Department Phone#		Employee Work Phone#	
Name: Last	First	Middle		Male	Female
Home Address		City or Town		State	Zip
Date of Birth	Age	Date of Injury		Time of Injury	
Where did the incident (accident, illness, or exposure) occur?					
Describe in detail how the incident (accident, illness, or exposure) occurred.					
Identify objects/substances which directly to incident (accident, illness, or exposure)					
Name and address of witness(es)					