



## INCIDENT REPORT

|   |       |                   |  |                      |        |
|---|-------|-------------------|--|----------------------|--------|
| Name of Employer<br><b>University of New Mexico-Taos</b>                                |       | 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)   |       |                   |  |                      |        |