

I had an accident

Date of accident: _____

Time: _____

Location (give an exact description): _____

Describe the accident (what happened): _____

Describe the injury (what part of the body was injured and how):

Witnesses (who was present at the accident) : _____

I used a Notice of Accident Form Yes ___ No ___

The date I filled out the Notice of Accident Form: _____

I gave a copy of the Notice of Accident Form to: _____

If you did not fill out a Notice of Accident Form, does your employer have Notice of Accident Forms at your workplace?

GO FIND ONE AND FILL IT OUT!

**MY SIGNED COPY OF THE NOTICE OF ACCIDENT FORM –
PLACE IN YOUR WORKERS' COMPENSATION CLAIM FILE.**

New Mexico Workers' Compensation Administration Workbook for Injured Workers.
If you need help, call the HELPLINE at: 1-866-967-5667.