

NOTICE OF INCIDENT
(Record Only)
Revised: 06/01/07

This form must be completed when a claim is not expected for personal injury or property damage. It is for record only and should be completed as soon as practical after the occurrence, but within ninety (90) days of the occurrence. File the form with:

Department of Safety and Risk Services
1801 Tucker St. NE, Bldg 233 MSC07 4100
1 University of New Mexico
Albuquerque, New Mexico 87131-0001

Full Name _____ Phone No(s) _____

Mailing Address (Include city, state, zip code)

Amount of damages (if known) \$ _____

Describe WHERE, WHEN, and HOW the damages or injury occurred. Include names of all persons involved and any witnesses, including their addresses and telephone numbers.

Location of the Occurrence: _____

Date of Occurrence: _____ Approximate Time: _____

Description of the Occurrence: _____

Describe the injury or damage you sustained and attach copies of all medical reports, bills, or estimates of repairs. _____

All of the statements made on this form are true and correct to the best of my knowledge.

Date _____ Signature of Person Reporting _____

Daytime Phone No. _____