

INDIANA PUBLIC EMPLOYERS' PLAN, INC. SUPERVISOR'S INCIDENT INVESTIGATION REPORT

(Please Complete All Sections)

Company or Location	2. Department		3. Date of Incident/Day	of Week
4. Exact Location of Incident	5. Time of C	Occurrence (am/pm)	6. Date Reported	i
7. Name of Injured	8. Occupation		9. Body Part Affected (See Back)
10. Nature of Injury or illness (See Bad	ck) 11. Item Infli	cting Injury/Illness	12. Type of Accide	ent (See Back)
13. Person With Most Control of Item	11.			
14. Description of the Incident				
15. Direct Causes of Incident		16. W	/hy Each Cause Exists	
47. Actions Tales on Navidad to David			40 Data Carrelated	
17. Actions Taken or Needed to Preve	ent Recurrence		18. Date Completed	
40 Investigated Dv	O Data	21 Pavio	und Dy	22 Data
19. Investigated By 2	0. Date	21. Revie	weu by	22. Date
Please mail form to: IPEP P.O. Box 690		Toll free: Claims Fax:	1-800-245-1736 1-765-868-3310	
Kokomo, Indiana 40	6903-0690	Local:	1-765-457-9161	

Type of Accident Nature of Injury Part of Body Bite by Animal Abdomen Abrasion Bite by Human Amputation Arm - Lower Bite by Insect/Sting Asphyxia Arm - Upper Body Reaction Back/Spinal, Back/Non-spinal Avulsion Burn Bruise, Contusion **Buttocks** Caught In/Between/On Burn Caused by Chem. Chest Contacted Harmful Substance Burn Caused by Heat Ears, External Carpal Tunnel Syndrome Contagious Disease Exposure Ears, Internal Concussion **Electrical Contact** Elbow Fall From Cut, Laceration Eves Fall Level Crush Face Fell Through Death Fingers Foreign Body Dermatitis Foot Gunshot Groin Dislocation Motor Vehicle **Electrical Shock** Hand Other Fracture Head Overexertion Frostbite/Freezing Hips Pierced/Punctured By **Hearing Loss** Jaw **Public Transportation** Heart Attack Knee Repetitive Action/Motion **Heat Stroke** Leg - Lower Slipped (Not Fall) Leg - Upper Hernia Smoke Inhalation Infection Mouth

Stepped In/On Inflammation/Swelling Multiple Parts
Stress Multiple Injuries Neck/Spinal, Neck/Non-spinal

Struck Against

Struggle/Resistive Subject

Struck By

Other Nervous System

No Injuries Nose
Poisoning Other

Puncture Respiratory System

Radiation Shoulder
Soreness/Pain Teeth
Sprain/Strain Thigh
Stress Thumb
Tendonitis Toes

Trunk/Non-spinal

Wrist