



INDIANA PUBLIC EMPLOYERS' PLAN, INC.
SUPERVISOR'S INCIDENT INVESTIGATION REPORT
(Please Complete All Sections)

- 1. Company or Location
- 2. Department
- 3. Date of Incident/Day of Week
- 4. Exact Location of Incident
- 5. Time of Occurrence (am/pm)
- 6. Date Reported
- 7. Name of Injured
- 8. Occupation
- 9. Body Part Affected (See Back)
- 10. Nature of Injury or illness (See Back)
- 11. Item Inflicting Injury/Illness
- 12. Type of Accident (See Back)
- 13. Person With Most Control of Item 11.
- 14. Description of the Incident
- 15. Direct Causes of Incident
- 16. Why Each Cause Exists
- 17. Actions Taken or Needed to Prevent Recurrence
- 18. Date Completed
- 19. Investigated By
- 20. Date
- 21. Reviewed By
- 22. Date

Please mail form to: IPEP
P.O. Box 690
Kokomo, Indiana 46903-0690

Toll free: 1-800-245-1736
Claims Fax: 1-765-868-3310
Local: 1-765-457-9161

Type of Accident

Bite by Animal
Bite by Human
Bite by Insect/Sting
Body Reaction
Burn
Caught In/Between/On
Contacted Harmful Substance
Contagious Disease Exposure
Electrical Contact
Fall From
Fall Level
Fell Through
Foreign Body
Gunshot
Motor Vehicle
Other
Overexertion
Pierced/Punctured By
Public Transportation
Repetitive Action/Motion
Slipped (Not Fall)
Smoke Inhalation
Stepped In/On
Stress
Struck Against
Struck By
Struggle/Resistive Subject

Nature of Injury

Abrasion
Amputation
Asphyxia
Avulsion
Bruise, Contusion
Burn Caused by Chem.
Burn Caused by Heat
Carpal Tunnel Syndrome
Concussion
Cut, Laceration
Crush
Death
Dermatitis
Dislocation
Electrical Shock
Fracture
Frostbite/Freezing
Hearing Loss
Heart Attack
Heat Stroke
Hernia
Infection
Inflammation/Swelling
Multiple Injuries
Other
No Injuries
Poisoning
Puncture
Radiation
Soreness/Pain
Sprain/Strain
Stress
Tendonitis

Part of Body

Abdomen
Arm - Lower
Arm - Upper
Back/Spinal, Back/Non-spinal
Buttocks
Chest
Ears, External
Ears, Internal
Elbow
Eyes
Face
Fingers
Foot
Groin
Hand
Head
Hips
Jaw
Knee
Leg - Lower
Leg - Upper
Mouth
Multiple Parts
Neck/Spinal, Neck/Non-spinal
Nervous System
Nose
Other
Respiratory System
Shoulder
Teeth
Thigh
Thumb
Toes
Trunk/Non-spinal
Wrist