

NOTICE OF ACCIDENT

(in accordance with New Mexico law, Section 52-1-29, NMSA 1978)

I, _____, was involved in an on-the-job
(name of employee)

accident at approximately _____, on _____, 19____.
(time) (date)

The accident _____
(briefly describe what happened, how and where)

Signed: _____
(employee)

Signed: _____
(employer / employer's agent)

(employee's social security number)

(date)

Employee: Keep one copy.
Employer: Keep one copy.

For more information, call the Workers' Compensation Administration.
Ask for an ombudsman (advisor).
In Albuquerque, 841-6000; toll free in-state, 1-800-255-7965.