



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

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1. Company or Location                      2. Department                      3. Date of Incident/Day of Week

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4. Exact Location of Incident                      5. Time of Occurrence (am/pm)                      6. Date Reported

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7. Name of Injured                      8. Occupation                      9. Body Part Affected (See Back)

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10. Nature of Injury or Illness (See Back)                      11. Item Inflicting Injury/Illness                      12. Type of Accident (See Back)

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13. Person With Most Control of Item 11.

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14. Description of the Incident

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15. Direct Causes of Incident                      16. Why Each Cause Exists

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17. Actions Taken or Needed to Prevent Recurrence                      18. Date Completed

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19. Investigated By                      20. Date                      21. Reviewed By                      22. Date

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Please mail form to: IPEP  
1320 City Center Drive  
Suite 325  
Carmel, IN 46032

Toll free: 1-800-382-8837  
Claims Fax: 1-765-868-3310  
Local: 1-765-457-9161

<u>Type of Accident</u>	<u>Nature of Injury</u>	<u>Part of Body</u>
Bite by Animal	Abrasion	Abdomen
Bite by Human	Amputation	Arm - Lower
Bite by Insect/Sting	Asphyxia	Arm - Upper
Body Reaction	Avulsion	Back/Spinal, Back/Non-spinal
Burn	Bruise, Contusion	Buttocks
Caught In/Between/On	Burn Caused by Chem.	Chest
Contacted Harmful Substance	Burn Caused by Heat	Ears, External
Contagious Disease Exposure	Carpal Tunnel Syndrome	Ears, Internal
Electrical Contact	Concussion	Elbow
Fall From	Cut, Laceration	Eyes
Fall Level	Crush	Face
Fell Through	Death	Fingers
Foreign Body	Dermatitis	Foot
Gunshot	Dislocation	Groin
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)	Hernia	Leg - Upper
Smoke Inhalation	Infection	Mouth
Stepped In/On	Inflammation/Swelling	Multiple Parts
Stress	Multiple Injuries	Neck/Spinal, Neck/Non-spinal
Struck Against	Other	Nervous System
Struck By	No Injuries	Nose
Struggle/Resistive Subject	Poisoning	Other
	Puncture	Respiratory System
	Radiation	Shoulder
	Soreness/Pain	Teeth
	Sprain/Strain	Thigh
	Stress	Thumb
	Tendonitis	Toes
		Trunk/Non-spinal
		Wrist