

**ADMINISTRATIVE OFFICE OF THE COURTS
SUPERVISOR'S INCIDENT & INVESTIGATION REPORT**

SECTION I – BACKGROUND DATA

Employee Name: [Click here to enter text.](#) Phone: [Click here to enter text.](#) Ext: [Click here to enter text.](#)
Judicial Entity: [Click here to enter text.](#) Date of Occurrence: [Click here to enter text.](#)

Location of Occurrence: [Click here to enter text.](#)

Time of Occurrence: [Click here to enter text.](#) A.M. P.M.

Date Reported to Supervisor: [Click here to enter text.](#) Time: [Click here to enter text.](#) A.M. P.M.

Witness(es): [Click here to enter text.](#)

Nature of Occurrence / Loss Information (Indicate with an "X")

- | | |
|--|---|
| <input type="checkbox"/> Workplace Injury or Illness | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Loss Control / Prevention Issue | <input type="checkbox"/> Law Enforcement Report |
| <input type="checkbox"/> Vehicle / Equipment Accident | <input type="checkbox"/> Property Damage Only |
| <input type="checkbox"/> Property Lost (Specify) <input type="checkbox"/> Lost <input type="checkbox"/> Stolen | |
| <input type="checkbox"/> "Near Miss" – An accident which could have resulted in a Personal Injury, Vehicle or Equipment Accident, or Property Damage | |
-

Item Information

Description: [Click here to enter text.](#)

Acquisition Date: [Click here to enter text.](#) Book Value: [Click here to enter text.](#)

Model: [Click here to enter text.](#) Serial / VIN. #: [Click here to enter text.](#)

Manufacture: [Click here to enter text.](#) Fixed Assets #: [Click here to enter text.](#)

Date last certified on inventory: [Click here to enter text.](#)

Reporting Information: (Required for stolen or vandalized item)

Agency to Which Event was Reported: [Click here to enter text.](#)

Date Reported: [Click here to enter text.](#) Report / Case Number: [Click here to enter text.](#)

Officer Name: [Click here to enter text.](#)

Description of what happened: [Click here to enter text.](#)

SECTION II – CAUSES

Identify Root Cause (This step is not intended to be used to place blame, but rather to identify the root cause for corrective action) i.e. rule / procedure violation, lack of training / education, lack of manpower and / or equipment, etc.

Click here to enter text.

SECTION III – EMPLOYEE ACCIDENT / INJURY HISTORY

Click here to enter text.

SECTION IV – SUPERVISOR’S RECOMMENDATIONS / CORRECTIVE ACTIONS

A. I make the following recommendation(s):

Click here to enter text.

B. Action and Follow up:

Click here to enter text.

C. What could I have done to prevent this accident from happening?

Click here to enter text.

D. Corrective Action Recommended: Yes No If NO, why? Click here to enter text.

Supervisor’s Signature

Date

SECTION V – DIVISION DIRECTOR

I have reviewed the action recommended and I: CONCUR DO NOT CONCUR

Comments:

Division Director Signature

Title:

Date

SECTION VI – AOC HR DIRECTOR

I have reviewed the action recommended and I: CONCUR DO NOT CONCUR

Comments:

AOC HR Director Signature

Date

SECTION VII – AOC DIRECTOR

I have reviewed the action recommended and I: CONCUR DO NOT CONCUR

Comments:

AOC Director Signature

Date

SECTION VIII - AOC LOSS CONTROL COORDINATOR

I have reviewed the action recommended and I: CONCUR DO NOT CONCUR

Comments:

Loss Control Coordinator Signature

Date

***Please send a copy to:**

Mr. Pj Montoya, AOC Statewide Facility Security Manager

505-819-7296

aocpjm@nmcourts.gov