

Administrative Office of the Courts
Supervisor's Incident Investigation Report of Loss
Employee and Witness Statement Account of the Incident

Employee/Witness Name: _____

Job Title: _____ Department: _____

Accident/ Injury of: _____ Date of Accident / Injury: _____

Time of Accident / Injury: _____ A.M. P.M.

Describe where you were when the incident occurred: _____

Describe what you observed just before the incident occurred (**be specific**): _____

Describe what you observed when the incident happened: _____

Describe what you observed just after the incident occurred: _____

Employee/Witness Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

***Please send a copy to:**
Mr. Pj Montoya, AOC Statewide Facility Security Manager
505-819-7296
aocpjm@nmcourts.gov