

New Mexico State University Alamogordo



Office of Facilities Management
Security Department
2400 North Scenic Drive
Alamogordo, NM 88310
Telephone – 439-3634
Fax – 439-3826

Incident/Accident Report

Date _____ Time _____

Location _____

Full Name _____ Address _____

Last 4 digits of SSN Banner ID _____

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Accident

Injuries _____

Description of Accident

Incident

Description of Incident

PLEASE USE BACK OF SHEET IF MORE ROOM IS NEEDED.

Witnesses

Name	Address	Phone No.
_____	_____	_____
_____	_____	_____

Date _____ Reported by _____

Return this form to above address