



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:  
ipepclaims@ipep.com

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