

# NOTICE OF ACCIDENT

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11

I, \_\_\_\_\_ was involved in an on-the-job accident or was disabled by an occupational disease

at approximately \_\_\_\_\_, on \_\_\_\_\_, 20\_\_\_\_. Date of Hire: \_\_\_\_\_ Employee's Date of Birth: \_\_\_\_\_  
(time) (date)

Employee's CNM ID number: \_\_\_\_\_ Employee's Home Address: \_\_\_\_\_

Employee's Telephone Number(s): \_\_\_\_\_ Dept: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Where did the accident occur? \_\_\_\_\_

Detailed description of what happened? \_\_\_\_\_

Part of Body Injured: \_\_\_\_\_ Seeking Medical Attention?: \_\_\_\_\_

**Employer will choose health care provider. Worker has right to change health care provider after 60 days.**

Employer's choice of health care provider is: Concentra

Employee Signature: \_\_\_\_\_

Supervisor Signature/  
Notice Received: \_\_\_\_\_  
(employer or representative)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

## PREVIOUS NOA FORMS ARE STILL VALID FOR USE

**Worker**  
For emergency medical care, go to any emergency medical facility.

Employees with questions about workers' compensation may contact Human Resources at 505-224-4000 for information and assistance. The office is open Monday through Friday, 8 a.m. to 5 p.m., except holidays.

**Statewide Helpline**  
**1-866-WORKOMP / 1-866-967-5667**  
toll free  
**New Mexico Workers' Compensation Administration**  
PO Box 27198, Albuquerque, NM 87125

**Employer/ Employee: Each keep one copy.**