

Injured worker must sign & return to employer's office.  
Employer returns to Benchmark Administrators, LLC.



**Benchmark**  
ADMINISTRATORS

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**SUPERVISOR'S REPORT OF INVESTIGATION**  
**REPORTE DE INVESTIGACION DEL SUPERVISOR**

This form must be completed in its entirety by the IMMEDIATE SUPERVISOR of the injured employee and must accompany all Employer's First Report of Injury or Illness forms (form 122)  
*Este formulario debera ser llenado completamente por el supervisor inmediato del empleado lesionado y debe de acompañar el Primer Reporte de Lesion o Enfermedad (Formulario 122)*

Injured Worker's Name: \_\_\_\_\_  
*Nombre del Empleado Lesionado:*

Job Site/Injury Location: \_\_\_\_\_  
*Lugar de Trabajo/Ubicacion de Accidente:*

Date of injury/illness: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of injury/illness occurred: \_\_\_\_\_  
*Fecha de Accidente: Hora en que sucedio lesion o enfermedad:*

Time Employee's Shift Begins: \_\_\_\_\_ a.m. / p.m.  
*Hora en la cual el trabajador lesionado empieza su turno:*

Employee's hire date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Fecha que el empleado lesionado fue contratado:*

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_Male \_\_\_\_Female  
*Numero de Telefono: Edad: Sexo: Hombre Mujer*

Who reported the injury/illness? \_\_\_\_\_  
*Quien reporto el accidente?*

When was injury/illness reported? \_\_\_\_\_  
*Cuando fue reportado el accidente?*

To whom was it reported? \_\_\_\_\_  
*A quien fue reportado?*

Type of injury/illness: \_\_\_\_\_  
*Tipo de lesion o enfermedad:*

What was the Employee doing when the injury/illness occurred?  
*Que hacia el empleado cuando sucedio la lesion o enfermedad?*

Describe how the injury/illness occurred:  
*Describe como sucedio la lesion o enfermedad:*

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**Continued**

Were there any witnesses?  Yes/Si  No  
Hubo algun Testigo?

**If "YES," see attached Witness Statement sheet**  
**Si hubo, vea la Declaracion del Testigo**

Could this injury/illness have been prevented?  Yes/Si  No  
*Se hubiera podido prevenir esta lesion o enfermedad?*

If "YES," how?  
*Si contesto Si, explique:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specifically, what did anyone do, or fail to do, that caused the accident?  
*Especifique claramente que hicieron o dejaron de hacer las demas personas para que este accidente ocurriera?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was this injury/illness the result of unsafe working condition(s) at the job site?  
*Fue esta lesion o enfermedad el resultado de una situacion insegura en el lugar del trabajo?*

Yes/Si  No

If "YES," please describe the condition(s):  
*Si contesto SI, Por favor describa la situacion:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What action(s) have been taken to prevent such an injury/illness from occurring again?  
*Que acciones se han tomado para prevenir que no sucedan este tipo de accidentes?*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Continued**

Have you any reason to believe this was not an on-the-job injury/illness?

*Cree Usted que haya alguna razon de que lesion o enfermedad no ocurrio en las hora de trabajo?*

Yes/Si

No

Unknown

If "YES," please supply as much information and detail as possible:

*Si asi fue, proporcione la mayor informacion posible detalladamente:* \_\_\_\_\_

Is the employee alleging a Worker's Compensation claim?

*Esta el empleado exigiendo un reclamo de Compensacion Laboral?*

Yes/Si

No

Has the employee missed any time from work?

*Ha perdido el empleado dias de trabajo a razon del accidente?*

Yes/Si

No

**If "YES," please complete the following questions:  
Si Contesto "SI" por favor complete las siguientes preguntas**

What was the next regularly scheduled shift missed as a result of the injury/illness?

*Cual fue el horario de trabajo regular perdido a consecuencia de este accidente?* \_\_\_\_\_

List the dates of complete shifts the employee missed, but would have normally worked if not injured:

*Explique la fecha de los horarios completos que el empleado perdio, los cuales hubiera trabajado de no haberse lesionado?*

\_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_

List the schedule regularly worked by the employee. If no set schedule, show number of days usually worked by the employee

during average week: *Explique el horario regular del empleado lesionado. Si el empleado lesionado no tiene un horario fijo, muestre el numero de dias que el empleado lesionado trabaja usualmente en un periodo de una semana:*

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

|         |        |         |           |          |         |          |
|---------|--------|---------|-----------|----------|---------|----------|
| Sunday  | Monday | Tuesday | Wednesday | Thursday | Friday  | Saturday |
| Domingo | Lunes  | Martes  | Miercoles | Jueves   | Viernes | Sabado   |

Has the employee returned to work?

*Ha regresado a trabajar el empleado lesionado?*

Yes/Si

No

Date Returned: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Fecha que regreso:*

Expected Date of Return: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Fecha que regresara:*

I understand that falsification of this statement, or any misrepresented information contained in this statement, can result in disciplinary action.

*Entiendo que falsificacion de esta declaracion o dar cualquier informacion erronea en esta declaracion puede resultar en accion disciplinaria.*

\_\_\_\_\_  
Signature/Firma  
Injured Worker Accident Statement

\_\_\_\_\_  
Date/Fecha