



Supervisors Incident Analysis Report

STATE OF NEBRASKA INCIDENT INFORMATION

Agency: _____ Division: _____

Individual Reporting Incident: _____

Who Incident was Reported to: _____

INDIVIDUAL INVOLVED (attach additional reports if more than one person was involved)

Name of Person Injured/Involved: _____ Date of Birth: _____
 Male Female Other

DESCRIPTION OF ACCIDENT/ INCIDENT/INJURY/ILLNESS (check all that apply)

Type of Incident: Minor injury or illness Serious injury or illness Fatality Other

Incident Location: _____

Property Damage: Yes No
Product Involved: _____

Vehicle Involved: Yes No

Other Vehicle Driver: _____

Vehicle Make & Model: _____ Date of Incident: _____

License Number: _____ Time of Incident: _____
AM/PM

Type of Activity during which Incident/Injury occurred:

First Aid Treatment/Immediate Remedy:

Root Cause Analysis- What is the root cause(s) of the event?

Recommended Solution/Suggestions: