



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 Injury/Involved: _____ Date of Birth: _____ Male Female

DESCRIPTION OF ACCIDENT/ INCIDENT/INJURY/ILLNESS (CHECK ALL THAT APPLY)

Type of Incident:

Minor Injury of Illness Serious Injury or Illness Fatality Other

Incident Location: _____

Property Damage:

Yes No Product Involved: _____

Vehicle Involved: Yes No

Other Vehicle Driver: _____ Date of Incident: _____ License Number: _____

Vehicle Make & Model: _____ 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: _____

