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: _____________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Revised 12/27/17