



Good Life. Great Service.

DEPT. OF ADMINISTRATIVE SERVICES

Supervisor's Incident Analysis Report

STATE OF NEBRASKA INCIDENT INFORMATION

Agency Department of Transportation 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: _____

Date of Injury: _____ Male Female

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: _____ 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: _____

