



Supervisor's Report of Employee Incident

Manager: Tell us about the injury or incident right away by calling Omaha National at 844-761-8400 even if some spaces on this form are blank.

Injured Employee

Name _____

Employee ID _____

Job Title _____

Company Name _____

Witnesses Yes No

Name _____

Phone Number _____

Name _____

Phone Number _____

Name _____

Phone Number _____

Incident

Date of Incident _____

Time of Incident _____ AM PM

Date Reported _____

Time Reported _____ AM PM

Was employee engaged in job duties at the time of incident? Yes No

Description of incident:

Machines, materials, tools, or equipment used, handled, or involved:

Type of injury and body parts affected:

Medical Treatment and Work Status

First Aid Provided No Yes

Describe _____

Missed Time No Yes

List Day(s) _____

Returned to Work No Yes

Date _____

Work Status Off Work Light Duty Regular Duty

Emergency Care No Yes

Physician Name _____

Hospital Name _____

Suggested Preventative and Corrective Measures

What actions can be taken to prevent future accidents?

Completed By _____

Date of Completion _____

Signature _____

Title _____

Fax the completed form to us at 844-761-8402 or email it to claims@omahanational.com.