



## Witness Statement of Injury or 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.

Witness Information	
Name _____	Employee ID _____
Phone Number _____	Company Name _____
Address _____	City, State, & Zip _____
Other Witnesses <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____	Phone Number _____
Name _____	Phone Number _____
Name _____	Phone Number _____

Incident	
Date of Incident _____	Time of Incident _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Name of Injured Worker _____	Time Reported _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Location of Incident _____	
Did You Observe the Incident Involving the Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, how did you learn of the incident?	
If yes, what did you see? (Use additional paper or write on the back if you need more space)	
Type of injury and body parts affected:	
What can be done to prevent an incident like this from happening again?	

Completed By \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Fax the completed form to us at 844-761-8402 or email it to [claims@omahanational.com](mailto:claims@omahanational.com).