City of Omaha
REPORT OF OCCURRENCE
Instructions

COMPLETION OF THIS FORM IS FOR REPORTING PURPOSES ONLY. IT IS TO BE BASED ON FACTS; AND SHALL NOT CONTAIN ANY EXPRESSION OF OPINION AS TO FAULT OR RESPONSIBILITY.

Each Agency and Department of the City of Omaha must notify the City Law Department of any occurrence involving personnel or equipment, which could conceivably give rise to an action for damages against the City of Omaha.

Immediately upon completion, this form shall be directed to the Law Department, and a copy shall be retained by the Reporting Department (Division or Agency). An occurrence report number will be assigned by the Law Department.

If an accident investigation form were prepared, attach copies.

IMPORTANT

In your narrative, include a description of the nature and extent of the injuries or damages.

City of Omaha
REPORT OF OCCURRENCE

LAW DEPT ONLY

Report Number

_____

Department _____ **Date** _____ **Time** _____

Location _____

Brief Narrative Description (If needed, use additional space below)

PERSON(S) INJURED

Name _____ Address _____

Phone _____ Date of Birth _____ Employed _____

Name _____ Address _____

Phone _____ Date of Birth _____ Employed _____

WITNESSES

Name _____ Address _____

Phone _____ Date of Birth _____ Employed _____

Name _____ Address _____

Phone _____ Date of Birth _____ Employed _____

CITY EMPLOYEE(S)

Name _____ Address _____

Phone _____ Date of Birth _____ Employed _____

Name _____ Address _____

Phone _____ Date of Birth _____ Employed _____

SUPERVISOR (Name of person to contact, or in charge of follow-up information)

Name _____ Phone _____

ADDITIONAL INFORMATION (Names of other persons involved, witnesses, or complete the Narrative Description)

Signature of Person Making Report Date