



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.

****IMPORTANT****

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



CITY OF OMAHA REPORT OF OCCURRENCE

Law Department Only:
Report Number:

(Please fill out form completely.)

DEPARTMENT: _____

DATE: _____ **TIME:** _____

LOCATION: _____

BRIEF NARRATIVE DESCRIPTION (If needed, use the additional space provided below): _____

NAME OF PERSON (S) INJURED:

(Name) _____ (Address) _____

(Telephone No.) _____ (Date of Birth) _____

(Employed) _____

(Name) _____ (Address) _____

(Telephone No.) _____ (Date of Birth) _____

(Employed) _____

WITNESSES:

(Name) _____ (Address) _____

(Telephone No.) _____ (Date of Birth) _____

(Employed) _____

(Name) _____ (Address) _____

(Telephone No.) _____ (Date of Birth) _____

(Employed) _____

CITY EMPLOYEE(S):

(Name) _____ (Address) _____

(Telephone No.) _____ (Date of Birth) _____

(Employed) _____

(Name) _____ (Address) _____

(Telephone No.) _____ (Date of Birth) _____

(Employed) _____

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

(Name) _____ (Telephone No.) _____

If accident investigation form were prepared, attach copies.

ADDITIONAL INFORMATION: (Here include names of other persons involved, witnesses, or complete the Narrative Description).

Signature of Person Making Report

Date