



**Douglas County, Nebraska
WORKERS' COMPENSATION
INJURY INFORMATION REPORT**

Injured Employee's Name (Last, First, MI): _____

Date of Injury: _____ Location: _____

Witness Name(s): _____

INJURY INFORMATION

Give a brief explanation of how the injury occurred and what part of the body was affected:

SIGNATURES

Reporting Employee / Witness Signature

Date

Supervisor's Signature

Date