



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
RISK MANAGEMENT SECTION  
**EYEGASSES REPORT**

**CENTRAL ACCIDENT REPORTING OFFICE  
(CARO)  
P.O. BOX 809  
JEFFERSON CITY MO 65102  
(573) 751-2837  
TOLL FREE (888) 622-7694**

EMPLOYEE NAME	
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INJURY CASE NO.	DATE OF INJURY
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EMPLOYER
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This office has received a report of damage to this employee's eyeglasses. To facilitate our consideration of any expenses, the employee, a witness, supervisor and eye doctor or place of optometry should complete and return this form within fourteen days.

**EMPLOYEE**

1. WHAT WERE YOU DOING AT THE TIME OF THE ACCIDENT?
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2. WHERE WERE YOU AT THE TIME OF THE ACCIDENT?
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3. DESCRIBE THE ACCIDENT
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4. DESCRIBE THE DAMAGE TO YOUR EYEGASSES
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5. WERE THE GLASSES BEING WORN ON YOUR FACE AT THE TIME OF THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, WHERE WERE THEY?
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6. WHAT WAS THE ORIGINAL COST OF YOUR EYEGASSES?	WHERE PURCHASED
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7. WERE YOU PERSONALLY INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE INJURY
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8. WERE THERE ANY WITNESSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHO?
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9. DO YOUR PRESENT GLASSES CONTAIN <input type="checkbox"/> TINT <input type="checkbox"/> BIFOCAL OR TRIFOCAL LENSES? <input type="checkbox"/> ANTI-SCRATCH COATING? <input type="checkbox"/> PLASTIC LENSES? <input type="checkbox"/> GLASS LENSES? <input type="checkbox"/> ULTRAVIOLET PROTECTION?	
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10. HOW OLD ARE YOUR PRESENT GLASSES?	ARE YOUR GLASSES COVERED BY ANY WARRANTIES? <input type="checkbox"/> YES <input type="checkbox"/> NO
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EMPLOYEE'S SIGNATURE	DATE
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**WITNESS**

DESCRIBE THE ACCIDENT AND TELL WHAT DAMAGE WAS DONE TO THE GLASSES
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WITNESS SIGNATURE	DATE
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**SUPERVISOR**

PLEASE REVIEW AND VERIFY EMPLOYEE'S STATEMENT. ADD ANY COMMENTS
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SUPERVISOR'S SIGNATURE	DATE
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**DOCTOR'S STATEMENT**

1. DESCRIBE THE DAMAGE TO THE GLASSES
2. APPROXIMATE COST OF THE PRESENT GLASSES

3. CAN PRESENT GLASSES BE REPAIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. APPROXIMATE COST OF THE REPAIRS?
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5. IF REPAIRS CANNOT BE MADE, CAN A PAIR OF EQUAL VALUE BE PROVIDED?
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DOCTOR'S SIGNATURE	DATE
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