Missouri State | OFFICE of UNIVERSITY SAFETY

ACCIDENT INVESTIGATION REPORT

This form is for minor injuries only. Call Campus Safety Dispatch at 836-5509 for all injuries resulting from falls, incidents involving emergency medical services, or an injury not listed below. Complete the following information **IMMEDIATELY** after the incident and email to the Office of University Safety at CampusSafety@MissouriState.edu. Keep a copy for your records.

Please Type or Print

Type of Accident:	Date of Accident:	Time of Accident:	Location of Accident:

Injured Party Name: (First, Middle, Last)	Affiliation with University: ☐ Faculty ☐ Staff ☐ Student ☐ Vendor ☐ Visitor

Injured Party Campus or Contact Address:	City:	State:	Zip:

BearPass/M-Number or Date of Birth:	Phone:	Email:

Nature of Injury:

- ☐ Bites/Stings
- ☐ Bruise/Abrasion/Swelling
- ☐ Minor Burn
- ☐ Nosebleed
- ☐ Winded
- ☐ No Information
- ☐ Other (Please identify)
- ☐ _____

Body Area:

- ☐ Arms/Shoulder/Elbow
- ☐ Chest/Abdomen/Pelvis
- ☐ Eyes
- ☐ Face
- ☐ Feet/Toes
- ☐ Fingers/Hands/Wrists
- ☐ Head/Forehead
- ☐ Legs/Knees/Ankles
- ☐ Multiple Areas
- ☐ Neck
- ☐ Spine/Back
- ☐ Teeth/Mouth
- ☐ No Information
- ☐ Other (Please Identify) _____

Was Emergency Treatment Provided? ☐ Yes ☐ No	Identify type of treatment provided:	Name of person performing the treatment:

Did the Individual Seek Further Medical Treatment? ☐ Yes ☐ No	Were Photographs Taken of the Injury? ☐ Yes – By:_____ ☐ No

Describe How the Accident Occurred:

_____

_____

Witness Information: Name / M-Number	Address:	Phone:	Email:

_____ Name of Person Completing Report / M-Number

_____ Signature

_____ Date Completed

_____ Name of Person Reviewing Report / M-Number

_____ Signature

_____ Date Reviewed