



OFFICE of SAFETY AND TRANSPORTATION

ACCIDENT INVESTIGATION REPORT

Complete the following information and fax IMMEDIATELY to: 417-836-4663. Send original to the Office of Safety and Transportation. Keep a copy for your records.

Please Type or Print

Form with fields for: Type of Accident, Date of Accident, Time of Accident, Location of Accident, Injured Party Name, Affiliation with University, Campus or Contact Address, City, State, Zip, BearPass Number, Phone, Email, Nature of Injury, Body Area, Was Emergency Treatment Provided, Identify type of treatment provided, Name of person performing the treatment, Was the Individual Advised to Seek Medical Treatment?, Were Photographs Taken of the Injury?, Was the Individual Hospitalized?, Name of Hospital, Transported by, Describe How the Accident Occurred, Witness Information.

Name of Person Completing Report / M-Number Signature Date Completed
Name of Person Reviewing Report / M-Number Signature Date Reviewed