

UNIVERSITY OF MISSOURI

Hospital - Columbia - Kansas City - Rolla - St. Louis - UM

**STUDENT OR GENERAL PUBLIC INJURY AND PROPERTY DAMAGE REPORT
(DO NOT USE FOR VEHICLE ACCIDENTS)**

INSTRUCTIONS: Accidents and incidents resulting from, arising out of and directly relating to the University's premises (owned, rented or leased) and operations; or resulting from, arising out of and directly relating to an employee's position of employment by the University, are to be reported on this form, provided;

(1) the accident caused

(a) bodily injury to or the death of any person, excluding patients in any University Medical Facility and University employees;

or (b) damage to property owned by any person, excluding property owned by patients of any University Medical Facility and University employees; or

(2) the incident resulted in a threat or utterance of intent to take legal action against the University or an employee due to an alleged Personal injury (See Item 16 below for kinds of Personal Injury.)

In the event the accident caused bodily injury to or the death of any person, the Campus Business Officer shall be notified by telephone immediately.

This form shall be submitted by:

(1) The academic staff member in charge of the student's activities at the time of the accident or incident or to whom the accident or incident was reported; or

(2) the person in charge of the building or facility or the person sponsoring the meeting or event attended by the student or general public at the time of the incident; or

(3) any employee who witnesses an accident or incident or to whom the accident or incident is reported or to whom a threat or utterance of intent to take legal action was made due to an alleged Personal Injury; or

(4) the Campus Police, if called to investigate the accident or incident.

This form shall be **TYPED** with original only, signed by the person submitting the form and forwarded to the Campus Claims contact for Risk and Insurance Management **WITHIN 48 HOURS AFTER THE ACCIDENT OR INCIDENT**. This report is intended solely for internal use by the University's Risk and Insurance Management and the Office of the General Counsel.

In completing the report below, "accident" and "incident" will be referred to as "occurrence." The name to be indicated in Item 5 shall be the name of the person who sustained bodily injury, had property damaged or alleges to have sustained Personal Injury

INDICATE WHETHER THIS IS A REPORT OF AN ACCIDENT OR INCIDENT OR BOTH: <input type="checkbox"/> ACCIDENT (complete applicable items 1 through 17) <input type="checkbox"/> INCIDENT (complete applicable items 1 through 12, 15 and 16)			1. DATE OF REPORT	
2. DATE OF OCCURRENCE	3. TIME OF OCCURRENCE : _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	4. PLACE OF OCCURRENCE (name of bldg., room No., or describe University property)		
5. FULL NAME OF INJURED OR AGGRIEVED PERSON		6. TELEPHONE	7. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	8. AGE (actual or apparent)
9. ADDRESS (if student, give campus address)			10. MARRIED <input type="checkbox"/> YES <input type="checkbox"/> NO	11. STATUS <input type="checkbox"/> STUDENT <input type="checkbox"/> PUBLIC
12. DESCRIBE DETAILS OF THE OCCURRENCE INCLUDING YOUR OPINION AS TO HOW BODILY INJURY, PROPERTY DAMAGE OR PERSONAL INJURY OCCURRED AND HOW YOU OBTAINED THE INFORMATION. ATTACH COPIES OF ANY CORRESPONDENCE, POLICE REPORTS OR ANY OTHER INFORMATION AVAILABLE WHICH MIGHT ASSIST IN THE INVESTIGATION OF THIS OCCURRENCE.				
13. DESCRIBE FULLY THE SPECIFIC PART OF THE BODY INJURED AND NATURE OF INJURY				
14. DESCRIBE DAMAGE TO PROPERTY OF OTHERS AND ESTIMATE COST TO REPAIR OR REPLACE PROPERTY				

15. NAMES AND ADDRESSES OF WITNESSES		TELEPHONE
16. INDICATE BELOW THE NATURE OF THE ALLEGED PERSONAL INJURY RESULTING FROM THE INCIDENT		
<input type="checkbox"/> False-Arrest	<input type="checkbox"/> False Imprisonment	<input type="checkbox"/> Malicious Prosecution & Humiliation
<input type="checkbox"/> Defamation of Character	<input type="checkbox"/> Wrongful Eviction	<input type="checkbox"/> Wrongful Detention
<input type="checkbox"/> Slander	<input type="checkbox"/> Invasion of Right of Privacy	<input type="checkbox"/> Assault and Battery
		<input type="checkbox"/> Libel
		<input type="checkbox"/> Discrimination as Prohibited by Law
THIS REPORT HAS BEEN REVIEWED AND ACCURATELY REFLECTS ALL OF THE INFORMATION KNOWN REGARDING THE ACCIDENT OR INCIDENT		
SUBMITTED BY (Typed name of person submitting report)		TYPED TITLE OF PERSON SUBMITTING REPORT
SIGNATURE OF PERSON SUBMITTING REPORT		TYPED NAME OF DEPT OF PERSON SUBMITTING REPORT AND TELEPHONE NO.

Report of Accident Investigation

17. WHAT ACTION HAS OR WILL BE TAKEN TO PREVENT RECURRENCE:		
INVESTIGATED BY (Typed name of person investigating report)	TYPED TITLE OF PERSON INVESTIGATING REPORT	DATE
SIGNATURE OF PERSON INVESTIGATING REPORT	TYPED NAME OF DEPT OF PERSON INVESTIGATING REPORT AND TELEPHONE NO.	