

**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, 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 needs to be filled out, electronically signed and submitted **Within 48 Hours after the Accident or Incident**. This form can also be faxed (573-882-7861) or emailed to [umrimclaims@umsystem.edu](mailto:umrimclaims@umsystem.edu). 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."

INDICATE WHETHER THIS IS A REPORT OF AN ACCIDENT OR INCIDENT OR BOTH: <input type="checkbox"/> ACCIDENT (complete applicable items 1 through 16) <input type="checkbox"/> INCIDENT (complete applicable items 1 through 13, 15 and 16)		1. DATE OF REPORT
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2. DATE OF OCCURRENCE	3. TIME OF OCCURRENCE <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	4. LOCATION (name of bldg. room No. or describe University property)	
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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)
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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
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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. NAME AND ADDRESSES OF WITNESSES	TELEPHONE

16. INDICATE BELOW THE NATURE OF THE ALLEGED PERSONAL INJURY RESULTING FROM THE INCIDENT

False-Arrest     
 False Imprisonment     
 Malicious Prosecution & Humiliation     
 Libel  
 Defamation of Character     
 Wrongful Eviction     
 Wrongful Detention     
 Discrimination and Prohibited by Law  
 Slander     
 Invasion of Right of Privacy     
 Assault and Battery

THIS REPORT HAS BEEN REVIEWED AND ACCURATELY REFLECTS ALL OF THE INFORMATION KNOWN REGARDING THE ACCOUNT 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.

In order to utilize the submit button you will need to save the form to your desktop, close browser, then reopen document. Enable javascript if prompted. Once the form is completed and signed, select the 'Submit Form' button. You may also fax the completed form to (573-882-7861), or email to [umrimclaims@umsystem.edu](mailto:umrimclaims@umsystem.edu).