



Fax Immediately To:
(417) 255-7259
Send Hard Copy To:
Business & Support Services
Cass Hall

Accident/Incident Investigation Report

Original Continuation Supplemental Follow-Up	WP PD #	File #		
Accident/Incident	Date	Time	Location	
Name (Last, First, Middle)	Date of Birth	Race	Sex	Home Phone
Address			ID #	
Emergency Treatment (Y/N)	What? _____	By Whom? _____		
Advised to Seek Medical Treatment (Y/N)	Hospitalized (Y/N)	Where? _____		
How Transported? _____				
Pictures Taken (Y/N)				
Description of How Accident/Incident Occurred:				
Nature of Injury N01 Bruise/Abrasion/Swelling N02 Burn N03 Concussion (Suspected) N04 Crushed N05 Dental Damage N06 Dislocation N07 Fatality/Death N08 Fracture N09 Imbedded Object N10 No Information N11 Nosebleed N12 Open Wound/Laceration N13 Sprain/Strain (Suspected) N14 Winded N15 Bites/Stings N16 Other (Please Explain)			Body Area B01 Arms/Shoulder/Elbow B02 Chest/Abdomen/Pelvis B03 Eyes B04 Face B05 Feet/Toes B06 Fingers/Hands/Wrists B08 Legs/Knees/Ankles B09 Multiple Areas B10 Neck B11 No Information B12 Spine/Back B13 Teeth/Mouth B14 Other (Please Explain)	
W i t n e s s	Name	Address		Phone
	Name	Address		Phone
	Name	Address		Phone

Name of Person Completing Report (Print or Type)

Signature/Date/Time

Name of Reviewer (Print or Type)

Signature/Date/Time