TRUMAN STATE UNIVERSITY

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 are to be reported on this form, provided the accident or incident caused (a) bodily injury to or the death of any person, the Department of Public safety 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. The Department of Public Safety is available for consultation and guidance in completion of this form.

This form shall by TYPED with original only, signed by the person submitting the form and forwarded to the Business Office **WITHIN 48 HOURS AFTER THE ACCIDENT OR INCIDENT.** This report is intended solely for internal use by the University 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. There is a blank page at the end of this form if you need additional space for information.

1. DATE OF REPORT	2. DATE OF C	OCCURENCE	3. TIME OF OCCURRENCE		
4. PLACE OF OCCURRENCE (nar	me of bldg, room no, or de	scribe property) 5. FULL NAME	AM or PM E OF INJURED OR AGGRIEVED PERSON		
6. TELEPHONE		7. SEX	8. AGE (actual or apparent)		
		MALE FEMALE			
9. ADDRESS (if student give campus address)		10. MARRIED	11. STATUS		
		YES NO	STUDENT PUBLIC		
12. DESCRIBE DETIALS OF THE	OCCURRENCE INLCUDII	NG YOUR OPINION AS TO HO	W BODILY INJURY, PROPERTY DAMAGE OR		
PERSONAL INJURY OCCURRED	AND HOW YOU OBTAIN	NED THE INFORMATION. AT	TACH COPIES OF ANY CORRESPONDENCE, POLICY		
REPORTS OR ANY OTHER INFORMATION AVAILABLE WHICH MIGHT ASSIST IN THE INVESTIGATION OF THIS OCCURRENCE.					
	FIC PART OF THE BODY	INJURED AND NATURE OF IN	JURY. INDICATE WHETHER THE INJURED PARTY		
WAS HOSPITALIZED.					
14. DESCRIBE DAMAGE TO PRO	OPERTY OF OTHERS AND	D ESTIMATE COST TO REPAIR	OR REPLACE PROPERTY.		

15. NAMES, ADDRESS AND TELEPHONE NUMBER OF W	/ITNESSES.			
16. WHAT ACTION HAS OR WILL BE TAKEN TO PREVEN	T RECURRENCE.			
I have personally taken photos of the accident so	cene.			
I have arranged for the Department of Public Safety to take photos of the accident scene.				
THIS REPORT HAS BEEN REVIEWED AND ACCURATELY REFLECTS ALL OF THE INFORMATION KNOWN REGARDING THE ACCIDENT OR				
INCIDENT.				
INVESTIGATED BY (name of person investigating	TITLE OF PERSON INVESTIGATING REPORT	DATE		
report)				
SIGNATURE OF PERSON INVESTIGATING REPORT	NAME OF OFFICE AND TELEPHONE NO. OF PERSON IN	VESTIGATING REPORT		

ADDITIONAL NOTES:	