

**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 or (b) damage to property owned by any person. In the event the accident caused 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 be **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 OCCURRENCE	3. TIME OF OCCURRENCE <input type="checkbox"/> AM <input type="checkbox"/> PM	
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. INDICATE WHETHER THE INJURED PARTY WAS HOSPITALIZED.			
14. DESCRIBE DAMAGE TO PROPERTY OF OTHERS AND ESTIMATE COST TO REPAIR OR REPLACE PROPERTY.			

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15. NAMES AND ADDRESSES OF WITNESSES.		TELEPHONE
16. WHAT ACTION HAS OR WILL BE TAKEN TO PREVENT RECURRENCE:		
<input type="checkbox"/> I have personally taken photos of the accident scene. <input type="checkbox"/> 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 (Typed name of person investigating report)	TYPED TITLE OF PERSON INVESTIGATING REPORT	DATE
SIGNATURE OF PERSON INVESTIGATING REPORT	TYPED NAME OF OFFICE AND TELEPHONE NO. OF PERSON INVESTIGATING REPORT	

ADDITIONAL NOTES: