NON-EMPLOYEE INCIDENT STATEMENT

CONTACT NAME: TERI SCHWEISS		**CONTACT PHONE #:** 573-431-5191 x 1108	
NAME OF INJURED PERSON (*LAST, FIRST, MIDDLE INITIAL*)			PHONE #
ADDRESS *(STREET, CITY, STATE, ZIP)*			
DATE OF INCIDENT	TIME OF INCIDENT ☐ AM ☐ PM	DATE REPORTED	INCIDENT LOCATION
EXTENT OF INJURY ☐ NO INJURY ☐ FIRST AID ONLY ☐ TAKEN TO CLINIC ☐ TAKEN TO ER ☐ FATALITY			
TREATING MEDICAL FACILITY/DOCTOR *(Name & Address)*			
BODY PART INJURED *(Lt ring finger, Rt ankle, etc)*			
NATURE OF INJURY *(Scratch, Cut, Bruise, etc)*			
WHERE AND HOW DID ACCIDENT HAPPEN?			
ANY OTHER WITNESSES? ☐ YES ☐ NO NAME: PHONE:		WERE THERE OTHERS INJURED? ☐ YES ☐ NO NAME:	
NAME: PHONE:		NAME:	

WAIVER: I DO NOT WISH TO SEEK MEDICAL TREATMENT AT THIS TIME	
SIGNATURE:	DATE:

REPORT COMPLETED BY:	
SIGNATURE:	DATE:
TITLE:	PHONE #:

MAIL or **FAX COMPLETED FORM TO:**

TERI SCHWEISS
PO BOX 308
PARK HILLS, MO 63601

FAX: 573-431-6773