

WORKERS' COMPENSATION INVESTIGATION

JEFFERSON CITY, MO 64102

WORKERS' COMPENSATION INVESTIGATION

1. How did you become involved in this accident? (If you were not directly involved, please describe the accident and your role in it.)  
2. Describe the injury and the circumstances of the accident. (If you were not directly involved, please describe the accident and your role in it.)  
3. Describe the injury and the circumstances of the accident. (If you were not directly involved, please describe the accident and your role in it.)  
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9. Describe the injury and the circumstances of the accident. (If you were not directly involved, please describe the accident and your role in it.)  
10. Describe the injury and the circumstances of the accident. (If you were not directly involved, please describe the accident and your role in it.)

11. DID YOU WITNESS THE ACCIDENT? (If so, when did it occur?)

12. IF SO, WHEN DID IT OCCUR?

13. HOW, IF AT ALL, DO YOU THINK THE INJURY COULD HAVE BEEN PREVENTED?

14. DO YOU HAVE ANY OTHER INFORMATION OR COMMENTS ON THE INJURY?

15. SIGNATURE OF WITNESS

16. SIGNATURE OF EMPLOYEE