



**WORKER'S COMPENSATION INVESTIGATION REPORT**  
 OFFICE OF ADMINISTRATION  
 CENTRAL ACCIDENT REPORTING OFFICE (CARO)  
 P.O. BOX 809, JEFFERSON CITY, MISSOURI 65102

TO

It has been reported to this office that you were a witness to the injury of \_\_\_\_\_. This injury may be compensable under the Missouri Worker's Compensation Law. Your assistance in filling out this form will aid the resolution of this case. Please fill out in detail and in your own handwriting. Do not leave any blank spaces. Use the back of the sheet if necessary. Return this form immediately to the Central Accident Reporting Office (CARO). Questions? Call 573/751-2837 or toll free 1-888-622-7694.

1. Did you witness an injury to \_\_\_\_\_?  Yes  No

2. If so, when did you witness the injury? Give date and time:

3. Explain in detail exactly what you saw.

4. What part of the body was injured?

5. Were there any other witnesses to the injury?

6. Do you have any other information or comments on the injury?

I HAVE PREPARED AND READ THE ABOVE AND DECLARE IT TO BE TRUE.

SIGNED

DATE

Mailed/CARO

Received/CARO