



STATE OF MISSOURI  
 OFFICE OF ADMINISTRATION  
 RISK MANAGEMENT SECTION  
**INITIAL INJURY REPORT (FORM O)**

**CENTRAL ACCIDENT REPORTING OFFICE (CARO)**  
 P.O. BOX 809  
 JEFFERSON CITY, MO 65102  
 573/751-2837 FAX: 573/751-5262  
 1-888-622-7694  
 EMAIL: caro@oa.mo.gov

This form **must be completed** and **faxed** to CARO within 24-48 hours of the injury. CARO cannot consider payment of lost wages or medical treatment until the injury is reported.

1. Social Security Number		2. Date of Birth		3. Sex M F	
4. Employee Last Name			First Name		Middle Initial
<b>CARO USE ONLY</b>			5. Injury Case Number		
6. Date of Report			7. Time of Report		
8. SAM II Agency Code		SAM II Organization Code		Date Employer Notified	
9. Job Title Code			10. Job Title		
11. Semi-Monthly Salary or Hourly Wage (Check appropriate pay status)			12. Salary		Hourly Volunteer
13. Location Code			14. Zip Code Where Injury Occurred		
15. County Code Where Injury Occurred					
16. Months in Present Position			17. Date Hired		
18. Days Worked Per Week		19. Shift		20. Day of Week	
21. Date of Injury			22. Date Work Day Began		
23. Time of Injury			24. Time Work Day Began		
25. Injury Result in Lost Time? If Yes, complete 26 & 27.					
26. Disability Began Date			27. Disability End Date		
28. Kind of Injury					
29. Medical Care Type Code:		1. Incident Only, No Medical 2. Refused Treatment 3. First Aid Only 4. In-agency Professional Treatment 5. Outside Professional - Doctor		6. Outside Professional - Clinic 7. Outside Professional - Hospital/ER 8. Professional Treatment - Outside Hospital 9. Prosthesis - Eyeglasses, Etc.	
30. Agency of Injury Code			31. Part of the Body Code		
32. Cause of Injury Code			33. Type of Accident Code		
34. Employee at Regular Task?			35. If No, Task Involved		
36. Was Weather a Factor?			37. Standard Safety Procedures Followed?		
38. Please describe the injury/illness in detail here.					
39. Employee Address					
City				State	Zip Code
Employee Phone Number					
40. Person to contact for questions regarding this claim: Name			Email Address		Phone Number