



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
RISK MANAGEMENT SECTION  
**EYEGASSES REPORT**

**CENTRAL ACCIDENT REPORTING OFFICE  
(CARO)  
P.O. BOX 809  
JEFFERSON CITY MO 65102  
(573) 751-2837  
TOLL FREE (888) 622-7694**

EMPLOYEE NAME	
---------------	--

INJURY CASE NO.	DATE OF INJURY
-----------------	----------------

EMPLOYER
----------

This office has received a report of damage to this employee's eyeglasses. To facilitate our consideration of any expenses, the employee, a witness, supervisor and eye doctor or place of optometry should complete and return this form within fourteen days.

**EMPLOYEE**

1. WHAT WERE YOU DOING AT THE TIME OF THE ACCIDENT?	
2. WHERE WERE YOU AT THE TIME OF THE ACCIDENT?	
3. DESCRIBE THE ACCIDENT	
4. DESCRIBE THE DAMAGE TO YOUR EYEGASSES	
5. WERE THE GLASSES BEING WORN ON YOUR FACE AT THE TIME OF THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, WHERE WERE THEY?
6. WHAT WAS THE ORIGINAL COST OF YOUR EYEGASSES?	WHERE PURCHASED
7. WERE YOU PERSONALLY INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE INJURY
8. WERE THERE ANY WITNESSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHO?
9. DO YOUR PRESENT GLASSES CONTAIN <input type="checkbox"/> TINT <input type="checkbox"/> BIFOCAL OR TRIFOCAL LENSES? <input type="checkbox"/> ANTI-SCRATCH COATING? <input type="checkbox"/> PLASTIC LENSES? <input type="checkbox"/> GLASS LENSES? <input type="checkbox"/> ULTRAVIOLET PROTECTION?	
10. HOW OLD ARE YOUR PRESENT GLASSES?	ARE YOUR GLASSES COVERED BY ANY WARRANTIES? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYEE'S SIGNATURE	DATE

**WITNESS**

DESCRIBE THE ACCIDENT AND TELL WHAT DAMAGE WAS DONE TO THE GLASSES	
WITNESS SIGNATURE	DATE

**SUPERVISOR**

PLEASE REVIEW AND VERIFY EMPLOYEE'S STATEMENT. ADD ANY COMMENTS	
SUPERVISOR'S SIGNATURE	DATE

**DOCTOR'S STATEMENT**

1. DESCRIBE THE DAMAGE TO THE GLASSES	
2. APPROXIMATE COST OF THE PRESENT GLASSES	
3. CAN PRESENT GLASSES BE REPAIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. APPROXIMATE COST OF THE REPAIRS?
5. IF REPAIRS CANNOT BE MADE, CAN A PAIR OF EQUAL VALUE BE PROVIDED?	
DOCTOR'S SIGNATURE	DATE