

EMPLOYEE INCIDENT/INJURY REPORT

THIS IS NOT A REPORT OF INJURY FORM. PLEASE REPORT THE INJURY ONLINE AT WWW.MEM-INS.COM OR BY CALLING 1.800.442.0593.

TO BE COMPLETED BY EMPLOYER

**POSSIBLE
TO BE COMPLETED BY INJURED EMPLOYEE**

NAME OF INJURED EMPLOYEE	DATE OF INCIDENT	TIME OF INCIDENT <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE REPORTED
DEPARTMENT	JOB TITLE		HIRE DATE
JOB PERFORMED		SUPERVISOR	
EMPLOYER		MEM POLICY No.	
EMPLOYER CONTACT NAME		EMPLOYER TELEPHONE NUMBER	
INCIDENT LOCATION			
EXTENT OF INJURY <input type="checkbox"/> NO INJURY <input type="checkbox"/> FIRST AID ONLY <input type="checkbox"/> TAKEN TO CLINIC <input type="checkbox"/> TAKEN TO ER <input type="checkbox"/> FATALITY		TREATING MEDICAL FACILITY	
BODY PART INJURED			
DESCRIPTION OF INCIDENT			
ANY OTHER WITNESSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND PHONE NO.	NAME AND PHONE NO.	NAME AND PHONE NO.
WERE THERE OTHERS INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND PHONE NO.	NAME AND PHONE NO.	NAME AND PHONE NO.

REPORT COMPLETED BY	SIGNATURE	DATE
TITLE	PHONE NUMBER	

Submit completed form to:

Kim Davis, Coordinator of Benefits & Wellness
Smithville R-II School District
655 South Commercial Avenue
Smithville, MO 64089
Fax: 816-532-4192
Email: davisk@smithville.k12.mo.us

Please complete the diagram on reverse side.