

INCIDENT WITNESS STATEMENT

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.

NAME OF WITNESS	DATE OF INCIDENT	TIME OF INCIDENT <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE REPORTED
DEPARTMENT	JOB TITLE		HIRE DATE
EMPLOYER (IF NOT AN EMPLOYEE)	PHONE NUMBER (IF NOT AN EMPLOYEE)		NAME OF SUPERVISOR

LOCATION OF INCIDENT

NAME OF INJURED EMPLOYEE

NAME OF INJURED EMPLOYEE'S EMPLOYER/MEM POLICY NO.	EMPLOYER'S PHONE NUMBER
--	-------------------------

DESCRIPTION OF INCIDENT

ADDITIONAL CONDITIONS AT THE TIME 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.

REPORT COMPLETED BY	SIGNATURE	DATE
TITLE	EMPLOYER	

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