

EMPLOYEE INCIDENT/INJURY REPORT

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

TO BE COMPLETED BY EMPLOYER	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#	
	EMPLOYER CONTACT NAME			EMPLOYER TELEPHONE #	
	INCIDENT LOCATION				
TO BE COMPLETED BY INJURED EMPLOYEE IF POSSIBLE	EXTENT OF INJURY			TREATING MEDICAL FACILITY	
	BODY PART INJURED				
	<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				
	DESCRIPTION OF INCIDENT				
TO BE COMPLETED BY EMPLOYER	ANY OTHER WITNESSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME & PHONE #	NAME & PHONE #	NAME & PHONE #	
	WERE THERE OTHERS INJURED?	NAME & PHONE #	NAME & PHONE #	NAME & PHONE #	
REPORT COMPLETED BY			SIGNATURE		DATE
TITLE			PHONE NUMBER		
Submit completed form to:		Missouri Employers Mutual Insurance P.O. Box 1810, Columbia, MO 65205		Fax: 1.800.442.0597 Email: claims@mem-ins.com	