REMIF
REDWOOD
EMPIRE
MUNICIPAL
INSURANCE
FUND

INCIDENT ONLY REPORT

This form should be used for industrial incidents where no medical treatment or benefits are being sought.
A copy of this report should be maintained for record keeping purposes.

Employer: _____

Address: _____

Phone #: _____ Contact: _____

Name of Injured Worker: _____

Social Security #: _____ Date of Birth: _____

Employee
Mailing Address: _____ Phone #: _____

Date of Injury: _____ Time of Injury: _____

Date Employer Notified of Incident: _____ Body Part Injured: _____

Occupation: _____ Date of Hire: _____
(If employee is a Volunteer – please provide the date employee began working as a Volunteer)

Salary: _____ ☐ weekly ☐ bi-weekly ☐ monthly ☐ yearly

Description of Accident: _____

_____

Reported to: _____Date/Time: _____

Witnesses: _____

Comments: _____

_____