UW-Madison Non-Employee Accident/Incident Report

GENERAL INFORMATION	
Date of incident: Time of incident:	
Exact location of incident (e.g. Address, lot #, building name/number, specific location within building, class name/id):	
Full description & cause of incident. Include step-by-step descriptions, comments, and observations, contributing factors, etc. (if additional space is needed, use back or attach extra sheets and pictures or other details as needed):	
Nature and extent of injury/describe exact injury and body part(s) impacted:	
Describe the emergency procedures employed (first aid provided, ambulance/911 called,	etc.)
Describe the energency procedures employed (first and provided, amounance,) if caned,	cu.).
Did injuries require medical care beyond first aid? Yes No Police/91	called? \Box Yes \Box No Police case # :
Individual taken to (as applicable): -Hospital provide facility name and location:	
-Hospital provide facility name and location: -University Health Services	
-Other(specify):Why?	
INJURED INDIVIDUAL	
Name:	Age:
Address (street, city, state, zip):	Phone number:
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Nature and extent of injuries. State body part(s) affected:	Email:
reactive and extent of injuries. State body parts) arected.	
Affiliation with UW-Madison (e.g. Student, parent, visitor, contractor/vendor, etc.)?	
Other information:	
If no injury reported, check here	
PROPERTY DAMAGED (IF APPLICABLE)	
Description & location of the property damaged:	
What damage was done to the property & estimate cost?	
WITNESSES	
Name: Address (street, city, state, zip):	Name: Address (street, city, state, zip):
Phone Number:	Phone Number:
Email:	Email:
NAME OF INDIVIDUAL COMPLETING REPORT:	DATE:
SIGNATURE:	

Send completed forms to UW-Madison Office of Risk Management, 21 N. Park Street, Suite 5301, fax 608-262-9082 or email to riskmgmt@bussvc.wisc.edu within 48 hours of incident. If individuals asked for Risk Management follow-up refer them to 608-262-0379. *Version 08/31/18.*