

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.):

Did injuries require medical care beyond first aid? Yes No Police/911 called? Yes No Police case # : _____

Individual taken to (as applicable):

-Hospital____ provide facility name and location: _____

-University Health Services _____

-Other____(specify): _____

-Refused Treatment (Y/N)_____ Why?

INJURED INDIVIDUAL

Name: _____ Age: _____

Address (street, city, state, zip): _____ Phone number: _____

Email: _____

Nature and extent of injuries. State body part(s) affected:

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: _____ Name: _____

Address (street, city, state, zip): _____ Address (street, city, state, zip): _____

Phone Number: _____ Phone Number: _____

Email: _____ Email: _____

NAME OF INDIVIDUAL COMPLETING REPORT:

DATE:

SIGNATURE: