

***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:**