***UW-Madison***

***Non-Employee Accident/Incident Report***

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| **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): Phone Number:Email: |  | Address (street, city, state, zip): Phone Number: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.*