

***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:**  
\_\_\_\_\_