

University of Wisconsin – La Crosse

General Incident Report

(Complete the following as applicable)

Name	Work Phone	Home Phone
Home Address		Date of Incident
City	State	Zip + 4
		Hour AM PM
Full Description of the incident including specific location and activity involved in at the time of the incident. (Use the back of this sheet if additional space is needed.)		
Injuries	Describe full extent of injuries, no matter how minor.	
Witnesses	Name	Full Mailing Address
Property Damage	Type of Property	Type of Damage
	If different than home address, address where damaged property may be seen	
		Estimated Repair Cost
I certify that the information in this report is a complete and accurate description of the incident.	Signature	Date

Return Completed Report To: University of Wisconsin – La Crosse
 Attn: Risk Manager
 125 Graff Main Hall
 La Crosse, WI 54601