

**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		Phone No. Including Area Code
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
sgreen@uwlax.edu

Or E-Mail Completed Report To: