

## 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
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.)		Hour AM PM
<b>Injuries</b>	Describe full extent of injuries, no matter how minor.	
<b>Witnesses</b>	Name	Full Mailing Address
<b>Property Damage</b>	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  
118 Graff Main Hall  
La Crosse, WI 54601**