

# General Incident Report

Complete this report and submit to: UW-Milwaukee, Department of University Safety & Assurances, Engelmann Hall, Room 270, P.O. Box 413, Milwaukee, WI 53201 414.229.6339

## PLEASE PRINT OR WRITE LEGIBLY

Campus Division/Department	Campus Address: Building/Room Number	Street Address: City, State, Zip
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Department Contact Person	Phone #
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Name and Address of Non-Employee/Student/Guest Involved	College Address (dorm or house) if Different	Work Phone # Home Phone #
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Location of Incident-Street/Hwy, City, County, State	Incident Date	Incident Time A.M./ P.M.
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Describe What Happened (Use back of form or attach additional pages) (If chemical exposure note possible symptoms and level of exposure)

Explain How This Incident Could Have Been Prevented or Why it Was Unavoidable. (Use back of form if necessary or attach additional pages)

### A. WITNESSES

Name	Age	Address- Street, City, State, Zip	Phone #
1.			
2.			
3.			

### B. INJURIES NO MATTER HOW MINOR

Name of Person Injured	Address	Injury	Phone #
1.			
2.			
3.			

Was Medical Treatment Provided? At time of incident <input type="checkbox"/> Provided later <input type="checkbox"/> None	Type of Medical Treatment Offered: First Aid <input type="checkbox"/> Treatment beyond first aid recommended <input type="checkbox"/> Treatment beyond first aid pursued <input type="checkbox"/> None <input type="checkbox"/> Explain:	Recommend staying within the network of hospitals and medical providers included in your own health insurance
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Name of Doctor or Hospital	Address- Street, City, State, Zip	Phone #
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### C. PROPERTY DAMAGE

1. Name of Owner	2. Address- Street, City, State, Zip	7. Phone #
3. Kind of Property	4. Type of Damage	
5. Address Where Damaged Property May Be Seen	6. Estimated Repair Cost	
Name of Person Making Report	Signature	Date