

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 if necessary or attach additional pages)

Explain How This Incident Could Have Been Prevented or Why it Was Unavoidable

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.			
Name of Doctor or Hospital	Address- Street, City, State, Zip		Phone #

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