



**UNIVERSITY OF WISCONSIN-MADISON  
NON-EMPLOYEE INCIDENT REPORT**

<b>GENERAL INFORMATION</b>	
NAME OF INDIVIDUAL COMPLETING REPORT:	DATE:
PHONE #:	EMAIL:
Date of incident:	Time of incident:
Exact location of incident (e.g. Address, lot #, building name/number, specific location within building, class name/id):	
Full description & cause of incident. Include step-by-step descriptions, comments, and observations, contributing factors, etc. (if additional space is needed, use back or attach extra sheets and pictures or other details as needed):	
Nature and extent of injury/describe exact injury and body part(s) impacted:	
Describe the emergency procedures employed (first aid provided, ambulance/911 called, etc.):	
Did injuries require medical care beyond first aid?    Yes    No                      Police/911 called?    Yes    No                      Police Case #: _____ Individual taken to (as applicable): Hospital University Health Services Other (please specify): _____ Refused treatment – why? _____	
<b>INJURED INDIVIDUAL / PROPERTY OWNER</b>	
Name: _____	Age: _____
Address (street, city, state, zip): _____	Phone number: _____
_____	Email: _____
Affiliation with UW-Madison (e.g. student, parent, visitor, contractor/vendor, etc.)? _____	
Other information: _____	
If no injury reported, check here:                                      Requesting Risk Management follow-up?    Yes    No	
<b>PROPERTY DAMAGED (IF APPLICABLE)</b>	
Description and location of the property damaged:	
What damage was done to the property and estimate the cost of repair/replacement:	
<b>WITNESSES</b>	
Name: _____	Name: _____
Address (street, city, state, zip): _____	Address (street, city, state, zip): _____
Phone Number: _____	Phone Number: _____
Email: _____	Email: _____

Division of Extension Staff should submit completed forms using the [Extension Non-Employee Injury/Incident Reporting workflow in SharePoint](#), within 48 hours of incident.