

GENERAL ACCIDENT REPORT

Complete this report and submit it to UWRF Risk Management Office at 25H North Hall. Mail, Fax, or Email this completed form as an attachment to Matthew Duff.

University of Wisconsin – River Falls 410 South Third Street River Falls, WI 54022		Matthew Duff <u>matthew.duff@uwrf.edu</u> <u>http://www.uwrf.edu/risk-management</u>		(715)-425-3344 (715)-425-4980 (fax)	
Claimant Name		Work Phone		Home Phone	
Home Address				Date of Accident	
City		State	Zip + 4	Hour <input type="checkbox"/> AM <input type="checkbox"/> PM	
Full Description of the accident including specific location					
Witnesses	Name		Full Mailing Address		Phone No. Including Area Code
Injuries No matter how minor	Names of Additional Persons Injured		Full Mailing Address		Phone No. Including Area Code
Property Damage	Owner Name				Phone No. Including Area Code
	Type of Property			Type of Damage	
	Address where damaged property may be seen				Estimated Repair Cost
Name of Person Preparing Report		Signature			Date