

GENERAL ACCIDENT REPORT

Complete this report and submit it to UWRF Risk Management Office at 25H North Hall. Mail or Email this completed form as an attachment to risk@uwrf.edu

University of Wisconsin — River Falls 410 South Third Street River Falls, WI 54022		25 North Hall risk@uwrf.edu http://www.uwrf.edu/risk-management		(715)425-3344
Claimant Name		Work Phone		Home Phone
Home Address				Date of Accident
City		State	Zip	Hour
Full Description of the accident including specific location				
Witnesses	Name		Full Mailing Address	
Injuries No matter how minor	Names of Additional Persons Injured		Full Mailing Address	
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