

## La Crosse Medical Health Science Consortium General Incident Report

Name of person completing report		Work Phone		Home Phone	
Home Address				Date of Accident	
City		State	Zip + 4	Hour <span style="float: right;">AM    PM</span>	
Full Description of the accident including specific location, activity and person(s) involved in at the time of the incident. (Use the back of this sheet if additional space is needed.)					
<b>Injuries</b>	Describe full extent of injuries, no matter how minor.				
<b>Witnesses</b>	Name		Full Mailing Address		Phone No. Including Area Code
<b>Property Damage</b>	Type of Property			Type of Damage	
	If different than home address, address where damaged property may be seen				Estimated Repair Cost
I certify that the information in this report is a complete and accurate description of the incident.			Signature		Date

**Return Completed Report To:    LMHSC - HSC 3065**