

UWSP ACCIDENT REPORT
FOR NON-EMPLOYEES

Name: _____ Report Date: _____

Address: _____

Phone: _____

Complete & Forward this
Report within 24 hours to:
Protective Services
001 Stien Building

Date of Injury: _____ Time: _____ Specific Location: _____

Accident (Describe in Detail) _____

Emergency Procedures: _____

Taken to: Hospital _____ Health Services _____ Other (Specify Location) _____

Refused Medical Assistance: Yes _____ No _____; Why? _____

Witnesses

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Comments/Observations/Contributing Factors: _____

Report Completed By: _____ Date: _____

If injured party is an employee, employee and supervisor must complete Worker's Compensation forms (WKC-12, UWS/OSLP-1Emp & UWS/OSLP-2) and forward them to Safety and Loss Control, 101 George Stien Bldg., within 24 hours of the accident.