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| State of WisconsinDepartment of AdministrationDOA-6441 (R07/2004)  |  | Bureau of State Risk ManagementDivision of State Agency Services |

## General Incident Report

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| Claimant Name      | Work Phone      | Home Phone      |
| Home Address      | Date of Accident      |
| City      | State      | Zip + 4      | Hour      [ ]  AM [ ]  PM |
| Full Description of the accident including specific location      |
|  | Name      | Full Mailing Address      | Phone No. Including Area Code      |
| **Witnesses** |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  | Names of Additional Persons Injured      | Full Mailing Address      | Phone No. Including Area Code      |
| **Injuries**No matter how |       |       |       |
| minor |       |       |       |
|  |       |       |       |
|  | Owner Name      | Phone No. Including Area Code      |
| **Property** **Damage** | Type of Property      | Type of Damage      |
|  | Address where damaged property may be seen      | Estimated Repair Cost$       |
|  |
| Name of Person Preparing Report      | Signature | Date      |