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| --- | --- | --- |
| State of Wisconsin  Department of Administration  DOA-6441 (R07/2004) |  | Bureau of State Risk Management  Division of State Agency Services |

## General Incident Report

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |