

**Washington State University Extension 4-H
Incident Report Form**

(Complete one for each person involved)

(Please submit this form to the county 4-H office within seven (7) days of the incident. Also include any photographs, news clips, police reports, etc.)

Your Name: _____ Role: _____

Address: _____

Phone: _____ Email: _____

Where located at the time of incident?

Name of 4-H Sponsored Event: _____

Date of event: _____ Location: _____

County: _____

Address: _____

Person Involved: _____

Last Name

First Name

M.I.

Address: _____ Phone: _____

Email: _____ Date of Birth: _____

Sex: (circle) Male/Female Role at Event: _____

Type of Incident: (circle one) Behavioral Accidental Illness Other

(describe: _____)

Date of Incident: _____ Time of Incident: _____ a.m./p.m.

Emergency reported to: _____ by means of

Extension Volunteer/Staff in charge at the time of incident:

Parent or Guardian Notified: Date _____ Time _____ by

Whom _____

Emergency Contact Notified: Contact Name _____
Phone _____ Date _____ Time _____ by Whom _____

Type of Medical Care Received? (circle)

First Response Ambulance Emergency Hospital

Adult(s) on the scene:

Adults(s) rendering aid:

Witnesses: (at least two, more may be useful)

Name: _____

Address: _____

Where located at the time of incident?

Name: _____

Address: _____

Where located at the time of incident?

Description of Incident

(Use additional pages, if necessary)

1. Sequence of activity (e.g., at end of the workshop, at the beginning of club meeting, during leisure time): What had preceded in terms of type of activities?
2. Location (e.g., where did the incident occur in the workshop/activity space in relation to instructor/supervisor and other participants)? A diagram is frequently helpful.
3. Just exactly what was the person involved doing and how did the incident occur? What was going? Who was involved?
4. What could/should the injured person have done to have prevented the incident? (If appropriate, might ask the person involved what he/she could have done to prevent the injury.)
5. Action taken at time of incident:
6. Action taken as follow-up to incident:

FOLLOW-UP REQUIRED:

Person(s) completing all or part of report:

_____ Signature	_____ Title	_____ Date
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_____ Signature	_____ Title	_____ Date
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Person completing Follow-Up Report:

_____ Signature	_____ Title	_____ Date
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_____ County 4-H Educator Signature	_____ Title	_____ Date
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Incident Follow-Up Final Report

(Please submit this form within 30 days after incident is considered closed.)

County _____ Date of Report _____

Club _____ Club Leader _____

Address _____ Phone _____

Date of incident _____ Time _____ Location _____

Incident report by _____ to 4-H Office on _____
Method Date

Written incident report submitted on _____
Date

Emergency contact person _____

Brief re-cap of incident:

Follow-up information not previously reported:

Insurance settlement: _____

Suggestions for procedures that might help others handle, avoid, or minimize such an experience:

Signature of person completing form

Title