

**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.)

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 Status at

Event: \_\_\_\_\_

Type of Incident: (circle one) Behavioral Accidental

Illness Other (describe)

\_\_\_\_\_

\_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident:

\_\_\_\_\_ a.m. or 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
_____	_____	_____
Signature	Title	Date

Person completing Follow-Up Report:

\_\_\_\_\_  
\_\_\_\_\_

Signature

Title

Date

County 4-H Educator Signature

Date

**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:

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Signature of person completing form

Title