Washington State 4-H Incident Report Form
(Complete one on 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:  ______________
Club:  ___________________   Contact person(s):  ________________________  Phone:  _______________
Address:  ________________________________________________________________________________

Person involved:  _________________________________________________________________________
Last name                                           First name                                                         M.I.
Address:  _________________________________________________________   Phone:  ______________
Age:  _________   Sex:  (circle one)   Male   Female           Status o 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 ______________________________
Volunteer/Staff in charge at time of incident:  ________________________________________________

Parent or Guardian Notified:  Date _____________   Time ___________  By Whom _____________________
Emergency Contact Notified:  Contact Name ___________________________  Phone __________________
                             Date _____________  Time ___________  By Whom _____________________
Adult(s) on the scene ______________________________________________________________________
Adult(s) rendering aid ______________________________________________________________________

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

Name:  __________________________________________________________________________________
Address:  ________________________________________________________________________________
Where located at time of incident?  ____________________________________________________________

Name:  __________________________________________________________________________________
Address:  ________________________________________________________________________________
Where located at time of incident?  ____________________________________________________________

Over Please
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 on? 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 of Report:

______________________________________   ________________________   _____________________
Signature                                                       Title                                       Date

_______________________________________________________________   ______________________
County 4-H Agent 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 if incident ____________________ Time ________________ Location ____________________
Incident reported by __________________________ to 4-H office on ______________________;
method ____________________________________________ date __________________
Written incident report submitted on ____________________________________________________
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