

# 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 of 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
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Signature	Title	Date
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Person completing Follow-Up of Report:

Signature	Title	Date
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County 4-H Agent Signature	Date
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