

Accident/Incident Reports

We all do our best to make sure that we keep safety a priority. Below you will find information on how to report an accident/incident if you see one take place. Please share this form with all of the volunteers in your 4-H club. When in doubt fill one out! These are important for insurance purposes. If a form isn't filled out, even for a cut, I can't file a claim! It is very important that it is done within 24 hours.

If the person is a 4-H member/Volunteer/Parent at a 4-H event:

- Make sure the person is ok.
- If medical attention is needed, then seek that help!
- Complete the Purdue University Cooperative Extension Service Accident/Incident Report Form-This gets turned into the Extension Office or Robert Kelly- Needs to be completed within 24 hours of the accident/incident.
- Let the Fair office (574-533-3247) know about the accident/incident. If on fairgrounds only.
- Let the 4-H family know that if they have questions to contact Robert Kelly

If the person is a fair goer/non 4-H person

- Make sure they are ok.
- If medical attention is needed, then seek that help!
- Let the Fair office (574-533-3247) know about the accident/incident.
- A report DOES NOT need to be filed with the Extension Office.

**Any questions regarding reporting Accidents/Incidents can be brought to Robert Kelly.
Remember if it's not in writing then it didn't happen!**

PURDUE UNIVERSITY
COOPERATIVE EXTENSION / 4-H
ACCIDENT/INCIDENT REPORT FORM

(Please Print Legibly)

This form is to be completed whenever a 4-H member, volunteer, or spectator who is participating in or attending an approved CES event/activity receives an injury which requires medical or dental attention.

Forward completed form to: **Robby Kelly, Extension Educator**

I. INJURED PARTY

Name: _____ Age: _____

Address: _____

4-H Club Member in _____ County

If not 4-H Club Member, please explain person's participation in/attendance at the event/activity.

II. DESCRIPTION OF ACCIDENT/INCIDENT

Date: _____ Time: _____ a.m. _____ p.m.

Location: _____

Address: _____

Event/Activity: _____

Describe What Happened: _____

Equipment/Animals Involved: _____

III. WITNESSES:

1 Name: _____
Address: _____

Phone: _____
University Affiliation/Other: _____

2 Name: _____
Address: _____

Phone: _____
University Affiliation/Other: _____

IV. TREATMENT:

Emergency treatment rendered at scene: _____ yes _____ no
If "yes":
Name of person rendering treatment: _____
How associated with event/activity: _____
Parents Notified: _____ yes _____ no _____ N/A
Where was the injured party transported?: _____
By whom?: _____

Please state any comments made by injured party, parent, or guardian which you feel may be important: _____

V. REPORT COMPLETION:

Name: _____

Educator in _____ County

Phone: _____

Fax: _____

E-mail: _____

*** PLEASE COMPLETE AND FORWARD WITHIN 48 HOURS OF INCIDENT ***

COPIES TO: CES Director's Office
District Director
County Extension Director