

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: **Tiffany Utermark**
Risk Management
610 Purdue Mall – Suite 216
West Lafayette, IN 47907

PHONE: (765) 494-6134
FAX: (765) 496-1338
EMAIL: tutermark@purdue.edu

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: State 4-H Office
District Director
County Extension Director