

**4-H Incident Report Form**  
(Complete one on each person involved)

(Please submit this form to the county 4-H office within 24 hours 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