

**PURDUE UNIVERSITY
COOPERATIVE EXTENSION SERVICE
ACCIDENT/INCIDENT REPORT FORM**

This form is to be completed whenever a 4H 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: Mark W. Kebert
Risk Management
1883 Freehafer Hall
West Lafayette, IN 47907-1883

PHONE: (765) 494-1690
FAX: (765) 496-1338
E-MAIL: kebert@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: _____

Additional Important Information: _____

III. WITNESSES:

Name: _____

Address: _____

Phone: _____

University Affiliation/Other: _____

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

Where was 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