

Incident Report Form

NOTE: Instead of using this form, you can report incidents directly in the POMP-X system for a faster, more streamlined process. <https://apps.ideal-logic.com/POMP-X>

(Please Print Legibly)

This form is to be completed whenever a minor (involved in 4-H or any other Extension youth program), volunteer, or spectator who is participating in or attending an approved Purdue Extension event/activity is involved in an incident. An incident includes accident/injury (which requires medical or dental attention), behavioral issues, abuse, neglect, etc.

Send this completed form to each of the following 6 places:

- | | |
|---|--|
| 1. Office of Risk Management:
riskmgmt@groups.purdue.edu | 4. Area Extension Director |
| 2. Purdue Extension Youth Protection
Team: puextyouthprotection@purdue.edu | 5. County Extension Director |
| 3. State 4-H Office:
State4HLeader@purdue.edu | 6. Youth Protection Office:
youthprotection@purdue.edu |

I. PARTY INVOLVED IN INCIDENT

Name: _____ Age: _____
Phone: _____ Email: _____

County of participation _____
Please explain this person's participation in/attendance at the event/activity.

II. DESCRIPTION OF ACCIDENT/INCIDENT

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

Location: _____

Address: _____

Does the incident described in this report relate to a youth program registered in POMP-X?

YES _____ NO _____ (Check one)

If yes, what is the name of the program registered in POMP-X?

Describe What Happened:

Equipment/Animals Involved

If this incident involved a behavioral issue, please describe any consequences implemented:

III. WITNESSES:

1. Name: _____

Phone: _____ Email: _____

University Affiliation/Other: _____

2. Name: _____

Phone: _____ Email: _____

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 COMPLETED BY:

Name: _____ Role: _____

County: _____

Phone: _____ E-mail: _____

*** PLEASE COMPLETE AND FORWARD AS SOON AS INDIVIDUAL INVOLVED IN THE INCIDENT IS
SAFE AND RECEIVING NEEDED CARE. ***