

PURDUE UNIVERSITY  
COOPERATIVE EXTENSION SERVICE  
ACCIDENT/INCIDENT REPORT FORM

(Please Print Legibly)

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: **Tiffany Utermark**  
Risk Management  
401 S. Grant St. Freehafer Hall  
West Lafayette, IN 47907

PHONE: (765) 494-6134  
FAX: (765) 496-1338  
EMAIL: [tutermark@purdue.edu](mailto: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: \_\_\_\_\_

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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