



# Washington State 4-H Incident Report Form

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(Complete one on each person involved)



Please submit this form to the county 4-H office within seven (7) days 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:  Male  Female Status of Event: \_\_\_\_\_

Type of Incident: (circle one)  Behavioral  Accident  Illness  Other: \_\_\_\_\_

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: Name \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ By Whom \_\_\_\_\_

Adult(s) on the scene \_\_\_\_\_

Adult(s) rendering aid \_\_\_\_\_

### WITNESSES (at least two required, more may be useful)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Where located at time of incident?  
\_\_\_\_\_

Where located at time of incident?  
\_\_\_\_\_



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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: \_\_\_\_\_

\_\_\_\_\_

<p>Person completing form:</p> <p>Name: _____</p> <p>Position: _____</p> <p>Date: _____</p>	<p>People to notify – please call in order</p> <p><input type="checkbox"/> Presidents, King County 4-H Horse Program: John &amp; Wendy Mutton 206-372-1952</p> <p><input type="checkbox"/> King County 4-H Youth Development Faculty: Nancy Baskett 206-205-3152</p>
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