INCIDENT/ACCIDENT INVESTIGATION FORM

Complete a file copy and submit a copy to the local Extension office after each incident. Copy should also go to County Director, Regional Director, State Program Leader and the Assistant Director of Field Operations in Mumford Hall within 72 hours of the incident.

This is to inform you of the following: Property Damage ☐ Bodily Injury ☐ Other _________

Name of Organization/Group: ______________________________________________________

Organization’s Address: __________________________________________________________

Name of Event: __________________________________________________________________

Event Location and Event Date: ____________________________________________________

Name/Address of person(s) involved in incident: ______________________________________

_______________________________________________________________________________

Sex Age

What is their phone number? _________________________________________________________

Date of incident ___________________________ Time of incident ________ am / pm

Nature of incident __________________________________________________________________

_______________________________________________________________________________

Where exactly did this happen? _____________________________________________________

Describe the incident that occurred: ________________________________________________

(Use extra pages as needed to thoroughly describe the incident.)

_______________________________________________________________________________

If it would be helpful draw a diagram of the incident scene on a separate sheet of paper.

Were any witnesses? (Use additional pages as needed.)

Witness #1: _____________________________________________________________________

Name/Address _________________________________________________________________

_______________________________________________________________________________

Telephone (home and work) _______________________________________________________

Employer _______________________________________________________________________

Statement _________________________________________________________________________

_______________________________________________________________________________
Witness #2: ________________________________

Name/Address ________________________________

________________________________________________________________________________________

Telephone (home and work) ________________________________

Employer ________________________________

Statement ________________________________

________________________________________________________________________________________

If anyone was hurt, or alleges an injury answer the following questions:

Was first aid sought? ______ Yes ______ No

Was first aid administered? ______ Yes ______ No

By whom? ____________________________________________

Name/Address/Telephone ________________________________

________________________________________________________________________________________

What treatment was administered? ________________________________

________________________________________________________________________________________

If first aid was not administered, why not? ________________________________

How did the injured party leave the scene?

______ On foot ______ Ambulance ______ In their personal vehicle

______ Other ____________________________________________

Was medical treatment sought or administered other than first aid ______ Yes ______ No

Name of provider ________________________________

Did you call 911, or any other local emergency number? ______ Yes ______ No

If yes, who made the call? ________________________________ At what time? ______

Describe any non-medical actions taken: ________________________________

________________________________________________________________________________________
Describe any other information that you believe the County Director, Regional Director, State Program Leader or Assistant Director of Field Operations would need to know to better understand the incident/accident and what their response should be:

For example:

- Do you believe the injured person or their family needs to be contacted immediately by either the County Director, Regional Director, State Program Leader or Assistant Director of Field Operations?
- Is the nature of what happened such that you expect the harmed party to make a liability claim or a lawsuit?
- Summarize any discussions that may have occurred between you or your staff, and the injured person and/or their family member(s).
- Describe if there was, or you expect there will be, any police involvement, or any other county, state or federal agency involvement.
- Describe any actions, if applicable, to secure the incident site or to prevent any further harm to anyone else.

Person completing this form (name, address, home, cell, and work telephone #’s):

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

Signature: ___________________________    Date: ____________________

Role at the event: __________________________