

CSU Extension 4-H Youth Development

Incident Report Instructions: Please promptly fill out this report as completely and accurately as possible. Copy and file as needed and turn into the Extension Office.

Type of incident: Accident: _____ Medical: _____ Other: _____

Date and time of incident: _____

Legal name of participant: _____

Mailing Address: _____

Town/City: _____ Zip: _____

Phone – Day: _____ Evening: Cell: _____

Parent name(s): _____

Please describe in as much detail as possible:

1. Who was involved: _____

2. What happened: _____

3. Where did the incident happen: _____

4. How you/others responded: _____

5. To whom was the incident reported: _____

6. Other information/comments/description: _____

Name of reporting person: _____ Position: _____

Signature of reporting person: _____ Date: _____