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: ____________________________