



ARIZONA 4-H ACCIDENT / INCIDENT REPORT FORM

Arizona Cooperative Extension is requesting information to report the nature and circumstances of accidents and incidents occurring at UACE programs. If you do not provide requested information the report may be without pertinent information. The information you provide may be shared with appropriate UACE employees, UACE/4-H volunteers, officials, medical personnel, and others as needed. Information provided to UACE may also be shared among offices within the University of Arizona and outside entities as necessary or appropriate in the conduct of legitimate University business and consistent with applicable law.

Camp / Event Name: _____ Date: _____

Date of Incident/Accident: _____ Hour: _____ a.m. / p.m.

Type of incident: ___ Behavioral ___ Accident ___ Epidemic ___ Illness ___ Other(describe): _____

Address / Location of Event: _____

Name of injured person involved: _____ Date of Birth: _____ Sex: _____

Check one: ___ Participant ___ Camper ___ Visitor ___ UACE/4-H Volunteer ___ UA Employee ___ Parent

Address: _____ Phone: _____

Name of Parent/Guardian (if minor): _____

Address: _____ Phone: _____

Name/Addresses/Telephone Number of Witnesses (Attach signed Witness Form statements):

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Describe the Accident/Incident in detail, including the sequence of activities and what the individual/injured was doing.
[Attach extra pages if needed]:

Where occurred? [Specify location of accident/incident, including location of individual/injured and witness(es). Use diagram to locate persons/objects, if appropriate]:

Was individual/injured participating in an activity at time of injury? ___ Yes ___ No

If so, what activity? _____

Actions taken at time of incident/accident: by Extension Employee(s) or UACE/4-H volunteer(s) _____

Actions taken to prevent similar incident/accident _____

Medical Report of Accident / Incident

Were parents notified? Yes ___ No ___ By: Writing ___ Phone ___ Other ___

By whom? _____ Title: _____ When? [time & date]: _____

Parent's Response: _____

Description of Injuries: _____

If first aid/treatment was given at the camp/event site, describe:

Where: _____; By whom: _____

Action(s) taken: _____

Were Universal Health Care Procedures used while administering first aid or treat? ___ Yes ___ No

Describe procedures used: _____

Additional Assistance Summoned? Yes ___ or No ___. If yes, time of call: _____

Ambulance #/Name of Company Responding: _____

Police Department/Officer Responding: _____ Badge # _____

Was injured transported? Yes ___ or No ___. If yes: By Whom: _____

Where: Doctor's Office ___, Hospital ___, Camp/Site Health Service ___, Other _____

Person(s) to be notified of transport (attempt to notify immediately and continue efforts):

Name(s) _____ Phone #: _____ Relationship to injured: _____

Contact Made: Date _____; Time _____; Method _____

If not transported, subsequent action taken: _____

Check here if Injured (over 18 or parent or guardian if under 18) refused treatment _____ or transport _____

UACE/UNIVERSITY Persons notified of accident / incident:

Name: _____ Position: _____ Date: _____ Time: _____

Name: _____ Position: _____ Date: _____ Time: _____

Name: _____ Position: _____ Date: _____ Time: _____

Name: _____ Position: _____ Date: _____ Time: _____

Describe any contact made with/by the media regarding this situation: _____

Signed: _____ Position: _____ Date: _____ Time: _____

Insurance Notification:

1. Parent's	Date: By: _____ Parent _____ UACE
2. UA Health Insurance	Date: By: _____ Parent _____ UACE
3. Worker's Compensation	Date: By: _____ Parent _____ UACE
4. Camp/Event Accident Insurance	Date: By: _____ Parent _____ UACE