



## CSU Extension 4-H Youth Development Accident Report

Instructions: Please promptly fill out this report as completely and accurately as possible. Copy and file as needed.

Type of incident: Accident \_\_\_\_\_ Medical: \_\_\_\_\_ Other: \_\_\_\_\_

Date and time of incident: \_\_\_\_\_ Age of youth: \_\_\_\_\_

Legal name of youth participant: \_\_\_\_\_ Gender: \_\_\_\_\_

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 incident happened: \_\_\_\_\_

\_\_\_\_\_

4. How you/others responded: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. To whom was incident reported: \_\_\_\_\_

6. Other information/comments/description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of reporting person: \_\_\_\_\_ Position: \_\_\_\_\_

Signature of reporting person: \_\_\_\_\_ Date: \_\_\_\_\_