



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: _____