# DELAWARE 4-H ACCIDENT/INCIDENT REPORT FORM

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

<table>
<thead>
<tr>
<th>Camp / Event Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Incident/Accident:</td>
<td>Hour: a.m. / p.m.</td>
</tr>
<tr>
<td>Type of incident: Behavioral – Accident – Epidemic - Illness - Other (describe):</td>
<td></td>
</tr>
<tr>
<td>Address / Location of Event:</td>
<td></td>
</tr>
<tr>
<td>Name of injured person(s) involved:</td>
<td>Date of Birth:</td>
</tr>
</tbody>
</table>

**Circle one:**  
- Participant  
- Camper  
- Visitor  
- UDCE Volunteer  
- UD Employee  
- Parent

<table>
<thead>
<tr>
<th>Address:</th>
<th>Phone:</th>
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</thead>
<tbody>
<tr>
<td>Name of Parent/Guardian (if minor):</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

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

1. 
2. 
3. 

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 UDCE volunteer(s):

Actions taken to prevent similar incident/accident: 

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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: ____________________________

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 ____

UDCE Persons notified of accident / incident:

Name: ___________________________ Position: ___________________________ Date: __________________

Name: ___________________________ Position: ___________________________ Date: __________________

Name: ___________________________ Position: ___________________________ Date: __________________

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

Signed: ___________________________ Position: ___________________________ Date: __________________

Insurance Notification:

1. Parent’s Insurance Date: ____________ By: ___ Parent  ___UDCE
2. UD Health Insurance Date: ____________ By: ___ Parent  ___UDCE
3. Worker’s Compensation Date: ____________ By: ___ Parent  ___UDCE
4. Camp/Event Accident Insurance Date: ____________ By: ___ Parent  ___UDCE

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