Cornell Cooperative Extension Association Accident/Injury/Illness Report

To be completed by Employee and Supervisor or delegate within 24 hours of occurrence or as soon as situation is stabilized.

Submit completed report to: CCE Niagara | 4487 Lake Ave. Lockport, NY 14094
716.433.8839 | hmk3@cornell.edu | app27@cornell.edu

CCE Staff will then forward to the Wood Office (insurance)

Section A: To be completed by the **Association**	
Association Name	
Name of Injured	
Supervisor or Program Leader Name	
Date of Incident	
Today's Date	
Association Address	
City, Zip	
Safety Contact Name	
Safety Contact Phone	

Section B: To be completed by **Injured** Individual **(Employee, Volunteer or Participant)**	
Name	
Address	
Phone Number	
Role/Title of Injured – **check all that apply**	☐ Employee ☐ Volunteer ☐ Enrolled 4-H Participant ☐ Enrolled 4-H Club Leader ☐ Overnight Camp Participant ☐ Day Camp Participant ☐ Program Participant ☐ General Public ☐ Other _____
Date & Time of Accident/Injury/Illness	
Detailed Location of Accident/Injury/Illness	
Please describe what happened, in your own words, including indication of any equipment, vehicles or other materials involved	

Section B (continued): To be completed by **Injured** Individual **(Employee, Volunteer or Participant)**	
Name and Contact Information of those who witnessed the Accident/ Injury/ Illness?	
Describe any, emergency treatment administered at the scene of the Accident/ Injury/ Illness	
Describe any medical treatment following the Accident/Injury/ Illness	

Section C: To be completed by **Association and Injured** Individual **(Employee, Volunteer or Participant)** together	
What caused the Accident/Injury/ Illness? Why do you think this?	

Signature of Injured Individual

Signature of Supervisor

Date: _____

Date: _____