

COOPERATIVE EXTENSION ACCIDENT/INCIDENT REPORT

(Use this form to report accidents/incidents involving employees, volunteers, 4-H'ers or the general public.)

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This form must be completed whenever there is an accident or incident. Complete this report within 24 hours of the accident/incident. The original should be kept in the association's files and copies sent to Extension Administration Financial, Human & Administrative Resources and to: **THE WOOD OFFICE, P.O. Box 4798, Ithaca, NY 14852 607-266-3303 FAX COPY IMMEDIATELY TO: 607-266-9663**

For employee accident/incidents, complete a C-2 and mail it to The Wood Office even if there is no lost time from work or medical expenses at the time.

*For accidents/incidents involving a 4-H'er in which s/he received medical attention, complete a 4-H Accident Insurance Form. The 4-H program/issue leader or executive director should make a **telephone** report within 24 hours of an accident to The Wood Office (607-266-3303). This must be done even if the injured individual has personal medical insurance. The Wood Office's answering service is in operation 24 hours a day, 7 days a week.*

1. Extension Information

County _____ Phone _____

Address _____ Person to contact _____

City _____ State _____ Zip _____

2. Injured Person Information

____ Employee ____ Volunteer ____ 4-H'er ____ General public (check appropriate)

Name _____ Age _____

____ Address _____ City, State, Zip _____

Parent/Guardian's Name _____ Phone _____

3. The Accident

Date _____ Time _____

Describe the accident. Include the location of the accident _____

Nature of injuries _____

4. Treatment

Emergency steps taken at scene in order of occurrence or treatment:

1. _____

2. _____

3. _____

4. _____

5. _____

5. VERY IMPORTANT

Witness Information: Names, addresses, phone numbers of all witnesses

1. _____
2. _____
3. _____
4. _____
5. _____

If more space is need please writer below or attach additional sheet(s).

Signatures:

Signature of injured person: _____ Date: _____

Name of person filing report: _____ Phone: _____

Address: _____

Signature: _____ Date: _____