



INCIDENT/ACCIDENT INVESTIGATION FORM

Complete a file copy and submit a copy to the local Extension office after each incident. Copy should also go to County Director, Regional Director, State Program Leader and the Assistant Director of Field Operations in Mumford Hall within 72 hours of the incident.

This is to inform you of the following: Property Damage ☐ Bodily Injury ☐ Other _____

Name of Organization/Group: _____

Organization's Address: _____

Name of Event: _____

Event Location and Event Date: _____

Name/Address of person(s) involved in incident: _____

_____ Sex _____ Age _____

What is their phone number? _____

Date of incident _____ Time of incident _____ am / pm

Nature of incident _____

Where *exactly* did this happen? _____

Describe the incident that occurred: _____

(Use extra pages as needed to thoroughly describe the incident.)

If it would be helpful draw a diagram of the incident scene on a separate sheet of paper.

Were any witnesses? (Use additional pages as needed.)

Witness #1: _____

Name/Address _____

Telephone (home and work) _____

Employer _____

Statement _____

Witness #2: _____

Name/Address _____

Telephone (home and work) _____

Employer _____

Statement _____

If anyone was hurt, or alleges an injury answer the following questions:

Was first aid sought? _____ Yes _____ No

Was first aid administered? _____ Yes _____ No

By whom? _____

Name/Address/Telephone _____

What treatment was administered? _____

If first aid was not administered, why not? _____

How did the injured party leave the scene?

_____ On foot _____ Ambulance _____ In their personal vehicle

_____ Other _____

Was medical treatment sought or administered other than first aid _____ Yes _____ No

Name of provider _____

Did you call 911, or any other local emergency number? _____ Yes _____ No

If yes, who made the call? _____ At what time? _____

Describe any non-medical actions taken: _____

Describe any *other* information that you believe the County Director, Regional Director, State Program Leader or Assistant Director of Field Operations would need to know to better understand the incident/accident and what their response should be:

For example:

- Do you believe the injured person or their family needs to be contacted immediately by either the County Director, Regional Director, State Program Leader or Assistant Director of Field Operations?
- Is the nature of what happened such that you expect the harmed party to make a liability claim or a lawsuit?
- Summarize any discussions that may have occurred between you or your staff, and the injured person and/or their family member(s).
- Describe if there was, or you expect there will be, any police involvement, or any other county, state or federal agency involvement.
- Describe any actions, if applicable, to secure the incident site or to prevent any further harm to anyone else.

Person completing this form (name, address, home, cell, and work telephone #'s):

Signature: _____ Date: _____

Role at the event: _____

Adapted by Mary K. Munson and used with permission from *Managing Special Event Risks: 10 Steps to Safety*. Washington, DC: Nonprofits Insurance Alliance of California and the Nonprofit Risk Management Center, 1997. Revised 08/07. Revised again 6/2012. Revised again on 7/2013. Revised on 6/2019



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