Virginia Cooperative Extension
Virginia Tech • Virginia State University

4-H Form
Publication 388-034

Accident/Incident Report

VIRGINIA TECH - OFFICE OF RISK MANAGEMENT (0310)
BLACKSBURG, VA. 24061
540-231-7439 FAX: 540-231-5064

Name of Responsible Office_____ Date of Report _____

Name of Responsible Virginia Tech Representative _____

Address _____ State _____ Zip _____

Phone_____

Name of Injured Person(s) or Involved Person(s)_____Age _____ Sex _____

Address _____State _____ Zip _____

Phone_____

Name of Injured Person(s) or Involved Person(s)_____Age _____ Sex _____

Address _____State _____ Zip _____

Phone_____

Name of Parent or Guardian (if minor) _____Age _____ Sex _____

Address _____State _____ Zip _____

Phone_____

Name/Addresses of Witnesses (Each Witness Should Attach a Signed Statement of What Happened):

1. _____

2. _____

3. _____

* 18 USC 707

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VT/0614/388-034/4H-305NP

Type of Incident:

☐ Behavioral ☐ Accident ☐ Illness ☐ Other _____

Date of Incident/Accident: Hour _____(am or pm) Day _____ Month _____ Year _____

Describe the Incident in Detail: _____

_____

_____

_____

Location of Incident and Diagram Showing Objects and Persons: _____

_____

_____

_____

What Activity Was the Injured Participating in at the Time of the Incident? _____

_____

_____

Describe any Equipment Involved in the Incident:_____

_____

_____

_____

_____

Describe Emergency Procedures Followed as a Result of this Incident: _____

_____

_____

_____

MEDICAL REPORT OF INCIDENT

Were the Parents or Guardian Notified? ☐ Yes ☐ No How?_____

By Whom?_____Title_____When_____

Response of Individual Notified_____

_____

Where was Treatment Given?

☐ At Accident Site ☐ Doctor's Office ☐ Hospital ☐ Rescue Squad

Describe Treatment Given : _____

_____

_____

Treatment Given by Whom?_____ Date of Treatment _____

Was Injured Retained Overnight in Hospital?

☐ Yes ☐ No If Yes, Where _____

Name of Attending Physician:_____

Prognosis of Injured at the Time of Report: _____

_____

_____

Comments _____

_____

_____

_____

Person Completing Report_____Signature_____

Position_____Phone_____Fax_____

THIS ACCIDENT/INCIDENT REPORT IS NOT REQUIRED FOR INCIDENTS SUCH AS SCRAPES, BRUISES, SPRAINS, ETC. THIS INCIDENT REPORT IS REQUIRED FOR SERIOUS ILLNESSES, SIGNIFICANT BEHAVIORAL PROBLEMS OR ACCIDENTS INVOLVING INJURIES LIKE FRACTURED BONES, CHIPPED OR BROKEN TEETH, EXTENSIVE LACERATIONS INVOLVING SUTURES, FALLS INVOLVING UNCONCIOUSNESS, DISLOCATIONS, INCIDENTS INVOLVING WATER WHICH REQUIRE RESUSCITATION, OR ANY INJURY REQUIRING HOSPITAL STAY.

THIS ACCIDENT/INCIDENT REPORT IS ALWAYS REQUIRED WHEN THE PROCEDURES OUTLINED ON THE EMERGENCY RESPONSE CARD AND CARRIED BY ALL COOPERATIVE EXTENSION REPRESENTATIVES ARE INITIATED. ONCE COMPLETED THE FORM SHOULD BE FAXED TO 540-231-5064 AND MAILED THE VIRGINIA TECH OFFICE OF RISK MANAGEMENT.