

UConn 4-H Accident Report

One copy to go to County 4-H office

Today's Date _____ Name of Injured _____

Home Address _____ Town _____ State _____ Zip _____

Phone _____ Gender: _____ Date of Birth _____

Name of Parent/Guardian _____

City or Town where incident occurred _____

Specific location where incident occurred _____

Date/time of incident _____

Did police investigate the incident? _____

Police Department _____ Case # _____

Was medical care given? (If yes, where give Hospital name/address/phone)

Do not make ANY statements to the media. You may say "I am not an authorized spokesperson, but I will put you in touch with someone who is." Do not sign any statements or accident reports except for: Police, UConn General Counsel, personal insurance company or attorney.

Description of Incident

Please use additional sheets if needed

How did the incident occur? (When describing injury, name the type of injury, body part(s) injured, cause and result of injury)

Conditions existing at the time of the incident: _____

Were there witnesses? (If yes, please supply name/address/phone)

4-H Volunteer comments regarding incident

Signature of 4-H Volunteer _____ Date _____

I have reviewed the above form for completeness

4-H Staff _____ Date _____