

**Incident Report Form**  
**University of Kentucky - Cooperative Extension Service**  
**4-H/Youth Development Programs**  
**212 Scovell Hall**  
**Lexington, KY 40546-0064**

This incident report is required for significant behavioral problems or incidents at a range or practice facility.

Name of Responsible Cooperative Extension Service office \_\_\_\_\_ Date of report \_\_\_\_\_

Name of Responsible Extension Service representative \_\_\_\_\_

Address of office \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of involved person(s) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of 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. \_\_\_\_\_

Type of incident:

Behavioral

Range Problem

Other

Date of incident: Time \_\_\_\_\_ (a.m. or p.m.) Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Describe the incident in detail (use additional pages; if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of incident and diagram showing objects and persons

What activity was (were) the involved person(s) in at the time of the incident? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any equipment involved in the incident \_\_\_\_\_  
\_\_\_\_\_

Describe emergency procedures followed, if necessary, as a result of this incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Medical Report of Incident

Were the parent(s) or guardian notified?  Yes  No  
How? \_\_\_\_\_  
By Whom? \_\_\_\_\_ Title \_\_\_\_\_ When \_\_\_\_\_  
Response of individual notified: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was treatment required/given?  At incident site  Doctor's office/clinic  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 \_\_\_\_\_  
\_\_\_\_\_

Physician's recommendation at the time of report \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other persons notified: (county agent, area program director, camping specialist, assistant director of 4-H, etc.)

Name	Date	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Person completing report \_\_\_\_\_ Signature \_\_\_\_\_  
Position \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Updated 10/31/06

Educational programs of Kentucky Cooperative Extension serve all people regardless of  
race, color, age, sex, religion, disability, or national origin



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AGRICULTURE & NATURAL RESOURCES • FAMILY & CONSUMER SCIENCES  
4-H/YOUTH DEVELOPMENT • COMMUNITY & ECONOMIC DEVELOPMENT

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