FRESNO COUNTY 4-H INCIDENT REPORT FORM

SECTION I: Person Filing Report Form

Name: __________________________________ Date documented: _____________________
Address: ______________________________________________________________________
Phone Number: (_____ ) ___________________ 4-H Club: ____________________________

SECTION II: Information Regarding Incident

Date and Time of Incident: _____________________ Location: _________________________
Name of 4-H Activity: _____________________________________________________________
Adult 4-H Event Coordinator/Supervisor: ___________________________________________
Was anyone physically injured during incident?    Yes   No
If YES was an 4-H Accident Claim Form completed?    Yes   No
Name(s) of individuals involved in incident. (For each, circle Member/Leader or Other Person)

______________________________________________________________________________ Member    Leader     Other
______________________________________________________________________________ Member    Leader     Other
______________________________________________________________________________ Member    Leader     Other
______________________________________________________________________________ Member    Leader     Other

Were there other witnesses to this incident?     Yes   No
(If YES please list their names below.)

Individuals who witnessed the incident. (For each, circle Member/Leader or Other Person)

______________________________________________________________________________ Member    Leader     Other
______________________________________________________________________________ Member    Leader     Other
______________________________________________________________________________ Member    Leader     Other
______________________________________________________________________________ Member    Leader     Other
SECTION III: Narrative

Please explain in detail what happened in the space below. Use additional paper if necessary.

__________________________________________________________________________

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SECTION III: Action Taken:

__________________________________________________________________________

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__________________________________________________________________________

I certify that the information contained on this 4-H Incident Report Form is true to the best of my knowledge.

__________________________________________________________________________

Signature                                     Date