



**Maryland 4-H Accident / Incident Report Form**

*The University of Maryland Extension is requesting information to report the nature and circumstances of accidents and incidents occurring at UME programs. If you do not provide requested information the report may be without pertinent information. The information you provide may be shared with UME employees, UME volunteers, officials, medical personnel, and others as appropriate.. Information provided to UME may also be shared among offices within the University of Maryland and the University System of Maryland and outside entities as necessary or appropriate in the conduct of legitimate University business and consistent with applicable law. Because the University is a State educational institution, such information (excludes medical and psychological information) may also be subject to disclosure under the Maryland Access to Public Records Act (the "Public Records Act."). Individuals may inspect and/or correct their personal information as provided by the Public Records Act and/or other applicable law or University Policy.*

Camp / Event Name: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy

Date of Incident/Accident: \_\_\_\_\_ Hour: \_\_\_\_\_ a.m. p.m.

Type of incident: Behavioral Accident Epidemic Illness Other (describe below):

Address / Location of Event: \_\_\_\_\_

Name of injured/individual person(s) Date of Birth: \_\_\_\_\_  
Sex: Male Female mm/dd/yyyy

Check one: Participant Camper Visitor UME Volunteer Employee Parent

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Parent/Guardian (if minor): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Addresses/Telephone Number of Witnesses (Attach signed statements):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Describe the Accident/Incident in detail, including the sequence of activities and what the individual/injured was doing.  
[Attach extra pages if needed]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where occurred? [Specify location of accident/incident, including location of individual injured and witness(es). Use diagram to locate persons/objects, if appropriate]:

Was individual/injured participating in an activity at time of injury?: Yes No If so, what activity?:

Actions taken at time of incident/accident: by Extension Employee(s) or UME volunteer(s)

