

## **EXTENSION**

## **INCIDENT/INJURY REPORT FORM**

ease PRINT OF TYPE	Date/Time of Incident Location: Street, City, Building, Room No. (Be specific		e specific)
	☐ Hallway ☐ Side	Conditions  ting Lot	Police Report Which Agency:  Report #  Not Reported
	Describe What Happened (Use add	ditional sheet if necessary):	
	Name	Age Pho	one No.
	Address		
	Injury - Describe the type, severity, and body part involved (Use additional sheet if necessary):  Was Medical Treatment Given?  Yes  No  Will seek treatment later  Transported by Ambulance  Transported by Other:		eatment later
	Owner's Name	Address	Phone #
	Describe the property and the damage (Use additional sheet if necessary):		
	Name	Address	Phone #
ive the Full Name and Address of Each			
Witness			
ame/Title of th			
ompleting this	Report	Phoi	ne #:
System Member	r: De	partment:	Date:

- 1) Assist the individual and call 911 if emergency medical assistance is needed. Report all serious injuries and safety hazards to local police department (if applicable), District Extension Administrator or Program Leader.
- 2) The AgriLife Employee involved in, observing or discovering the injury/property damage is responsible for completing this report. Relate only to the facts on this form. Do not give this form to the injured person to complete. Do not contact the injured person later to obtain information. Be observant. Attempt to get as much information as possible at the time of the incident.
- 3) Do not discuss the accident with anyone except the police authority, District Extension Administrator or Program Leader.
- 4) District Extension Administrator or Program Leader should file the incident report with AgriLife Ethics & Compliance.