

**MICHIGAN STATE UNIVERSITY EXTENSION-CALHOUN COUNTY
4-H YOUTH PROGRAM INJURY/PROPERTY DAMAGE REPORT**



MSU EXTENSION-CALHOUN COUNTY 4-H Youth Programs 315 West Green Street Marshall, Michigan 49068 Phone: (269) 781-0784 Fax: (269) 781-0768
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SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETION OF THIS FORM

THIS FORM IS A CONFIDENTIAL DOCUMENT

Please PRINT or TYPE

TIME & PLACE	Date/Time of Incident	Location: Street, City (Be specific)		
PREMISES CONDITION	Type of Premises	Conditions		Reported to
	<input type="checkbox"/> Construction Site <input type="checkbox"/> Parking Lot <input type="checkbox"/> Hallway <input type="checkbox"/> Sidewalk <input type="checkbox"/> Lobby/Entrance <input type="checkbox"/> Stairway <input type="checkbox"/> Office <input type="checkbox"/> Street <input type="checkbox"/> Other (describe)	<input type="checkbox"/> Dry <input type="checkbox"/> Uneven Surface <input type="checkbox"/> Icy <input type="checkbox"/> Other (describe) <input type="checkbox"/> Snowy <input type="checkbox"/> Wet	Police Dept _____ Report Number: _____ Not Reported	
INCIDENT DESCRIPTION	Describe what happened			
INJURED PERSON	NAME	AGE	PHONE #	
	ADDRESS			
DESCRIPTION OF INJURY	INJURY - Describe the type, severity, and body part involved			
	Was Medical Treatment Given? Yes No Will seek treatment later			
	Name of Medical Facility/Physician			
PROPERTY DAMAGE	OWNER'S NAME	ADDRESS	PHONE #	
	Describe the property and the damage			Estimated Repair/Replacement
WITNESSES Names and addresses of each witness	NAME	ADDRESS	PHONE #	
NAME OF PERSON COMPLETING THIS FORM	NAME	ADDRESS	PHONE #	
				DATE

INSTRUCTIONS FOR COMPLETION OF 4-H YOUTH PROGRAM INJURY/PROPERTY DAMAGE REPORT

1. Assist the injured individual and call 911 if emergency medical assistance is needed. Report all serious injuries, property damage and safety hazards to police.
2. The 4-H Volunteer involved in, observing or discovering the injury/property damage is responsible for completing this report. Relate only 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. Get as much information as possible at the time of the incident.
3. Do not discuss the accident with anyone except the police and the Calhoun County MSU Extension Office. The Extension Office and the MSU Risk Management & Insurance Office will coordinate the investigation and resolution of claims. Refer all questions regarding status of claims to the Extension Office.
4. After completion (including your signature and contact information), deliver this form to:

MSU Extension Calhoun County
4-H Youth Programs
315 West Green Street
Marshall, MI 49068
Phone: (269) 781-0784
Fax: (269) 781-0768