

K-State Research and Extension

Wyandotte County Office

Accident/ Incident Report

Accident/ Incident must be reported to Extension Office within 3 days

Date and Time of Accident/ Incident:

Person Filling out Report:

Person(s) Injured/ Involved:

Telephone:

Address:

Age:

If injured person is a minor, Name and Address of Parent or Guardian:

Witness to Accident / Incident (include name and addresses):

Describe in detail the Accident / Incident:

Where was the injured taken for treatment?

By whom?

Signature of person injured

If medical treatment is refused: _____

If minor, signature of parent/ guardian

Signatures: _____

Person filling out report

Extension Agent