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

Signature of person injured

Signatures: ____________________________ ____________________________

Person filling out report Extension Agent