

UME Accident/Incident Report Form



The University of Maryland Extension (UME) is requesting information to report the nature and circumstances of accidents and incidents occurring at the 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.

MG/Event Name: _____ Date: _____

Date of Incident/Accident: _____ Hour: _____ a.m. p.m.

Type of Incident: Behavioral Accident Epidemic Illness Other (describe):

Address/Location of Event _____

Name of Injured/individual person(s) involved: _____ Date of Birth: _____

Sex: _____

Check one: Participant 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/MG volunteer(s): _____

Medical Report of Accident/Incident

Were parents notified? Yes No If so by: Writing Phone Other: _____

By whom? _____ Title: _____ When? [time & date]: _____

Parent's Response: _____

Description of Injuries: _____

If first aid/treatment was given at the event site, please describe:

Where: _____; By whom: _____

Action(s) taken: _____

Were University Health Care Procedures used while administering first aid or treatment? Yes No

Describe procedures used: _____

Additional assistance summoned? Yes No If yes, time of call: _____

Ambulance #/Name of Company responding: _____ Police Department/Officer responding: _____

Was injured transported? Yes No If yes, by whom? _____

Where? Doctor's office Hospital Site Health Service Other _____

Person(s) to be notified of transport (attempt to notify immediately and continue efforts):

Name(s) _____ Phone # _____

Relationship to injured: _____

Contact Made: Date _____ Time _____ Method _____

If not transported, subsequent action taken: _____

Check here if Injured (over 18 or parent or guardian if under 18) refused treatment refused transport.

UME Person(s) notified of accident/incident:

Name: _____ Position: _____ Date: _____

Name: _____ Position: _____ Date: _____

Name: _____ Position: _____ Date: _____

Describe any contact made with/by the media regarding this situation: _____

Signed: _____ Position: _____ Date: _____

Insurance Notification:	1. Parent's Insurance	Date: _____	By: <input type="checkbox"/> Parent <input type="checkbox"/> UME
	2. Event Health Insurance	Date: _____	By: <input type="checkbox"/> Parent <input type="checkbox"/> UME
	3. Worker's Compensation	Date: _____	By: <input type="checkbox"/> Parent <input type="checkbox"/> UME
	4. Event Liability Insurance	Date: _____	By: <input type="checkbox"/> Parent <input type="checkbox"/> UME
	5. Personal Health Insurance	Date: _____	By: <input type="checkbox"/> Parent <input type="checkbox"/> UME
	6. Automobile Insurance	Date: _____	By: <input type="checkbox"/> Parent <input type="checkbox"/> UME