

This form is used to document any incident, accident or behavior that warrants the attention of Risk Management, Regional Services Director, or the Chief Executive Officer. Information in this report is confidential and should only be discussed with appropriate council personnel. Please forward completed form to your local Regional Services Director.

Troop # _____ SU _____ Age Level: DA BR JR CA SR AM Non-member

Troop/Activity Leader's Name _____

Type of Event/Activity _____ Location _____

Name of person involved _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name of parent/guardian (if minor) _____ Phone _____

Name of additional person involved (if applicable) _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name of parent/guardian (if minor) _____ Phone _____

If additional people were involved, attach a separate sheet with above information on each person.

Name and address and phone number of witnesses (you may wish to attach signed statements.)

1. _____

2. _____

Type of incident: Accident Illness Behavioral Other _____

Date of accident/incident _____ Time _____ AM PM
day of the week month day year

If accident, was participant involved in an activity? Yes No

If yes, what type of activity? _____

Any equipment involved with the activity? Yes No If yes, please list _____

Describe the sequence of events in detail including what the person was doing at the time: (use additional pages as needed. Sign and date each additional page.)

Where did the accident/incident occur? (Specify location, including location of injured and witnesses. Use a diagram to locate persons or objects if needed.)

Accident/Incident Report Form – page 2

Emergency procedures followed at the time:

By whom _____ Position _____

Were local authorities notified? Yes No If yes, what authorities? EMS Fire Police Other _____

Was the council emergency contact notified? Yes No
(only necessary if considered a major incident, i.e. a serious accident or emergency would be any situation that threatens the loss of limb, eyes, or permanent injury or death to a person.)

Council contact reached _____ Time _____ AM PM Date _____

Describe any contact made by the media regarding this situation and who you referred their questions to.

List any other information you feel is necessary. Attach extra pages if needed.

Return to: The Regional Services Director at your local Service Center.

This report was completed by:

Print name: _____

Sign name: _____

Position: _____

Date: _____

Council use only:

Report received: Date _____ By whom _____

Follow up needed? _____ By whom _____ When? _____