



Accident or Incident Report Form *Confidential*



Name of Injured Person	Name:	Phone
	Address:	Business Phone:
	Unit# District: Age:	Other (email)
	Registered Scouting Status:	
Time and Location	Date & Time of Incident/Accient:	Accident/Injury Occurred During: <input type="checkbox"/> Unit Activity <input type="checkbox"/> Unit Meeting <input type="checkbox"/> Unit Campout <input type="checkbox"/> Council Activity <input type="checkbox"/> Council Camp <input type="checkbox"/> National Camp <input type="checkbox"/> Learning for Life <input type="checkbox"/> Other _____
	Location:	
Other person involved (if any)	Name:	Home Phone:
	Address:	Business Phone:
	Registered Scouting Status: Age:	Other (email)
Description of Injury	Nature and extent of injury:	
	Where was injured person taken after injury?	Doctor's Name:
		Doctor's Phone #:
Was there Property Damage?	Owner:	Home Phone:
	Address:	Business Phone:
	List Damage:	Estimated value of damage:
Description of Incident/Accident		
Adult Leaders And Witnesses	Leader Name Address Phone	
	Leader Name Address Phone	
	Witness Name Address Phone	
	Witness Name Address Phone	
Unit's Chartered Organization		
Other Insurance	Were any Accident and Sickness Benefits Filed?	
Person completing Form	Name:	Phone:
	Address:	Business Phone:
	Unit#: District:	Other (email)
	Registered Scouting Status:	Date:

Date Received: _____ Received By: _____

Cover these eight (8) points for injuries:

1) List sequence of the activity at the time of injury: _____

2) Location of accident on property. (Please draw diagram if necessary.) _____

3) Exactly what was the injured person doing and how did the accident occur? _____

4) First aid procedure rendered? _____

Was an emergency service called? _____

Which medical facility was the injured party taken to (if any)? _____

5) Any unique circumstances (i.e. weather) _____

6) If the injured person was taken home, who provided the transportation? _____

Name	Phone#	Relationship to injured party	Date & Time left
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7) Who was the first person on the scene and what were their actions? _____

Name: _____ Actions taken: _____

8) Other persons on the scene and their actions taken: _____

Do not put down what was not done, **only what was done.**
Do not give your opinion on this form-keep it factual.
Attach eyewitness reports.

Death or very serious injuries must have a call placed to the Scout Executive immediately.

This report must be submitted to the Program Department at the Scout Service Center within two (2) days of the accident

Signed: _____

Position: _____

Date: _____