



# Incident Report Form

Report any incident including injury, property damage, or youth protection event:

1. Immediately following the incident, call the Council Office at \_\_\_\_\_
2. Follow up by immediately completing and faxing this form to council at \_\_\_\_\_

PLEASE PRINT CLEARLY

| UNIT INFORMATION   |                          |                       |
|--|--------------------------|-----------------------|
| Unit:  | Chartering Organization: |                       |
| INFORMATION ON PERSON IN CHARGE OF THE GROUP   |                          |                       |
| Name:  |                          |                       |
| Address:   |                          |                       |
| Phone numbers:   | Home:                    | Work:                 |
|  | Fax:                     | E-Mail:               |
| INFORMATION ON THE INCIDENT  |                          |                       |
| Nature of the activity:  |                          |                       |
| Place of the activity:   |                          |                       |
| Date of the incident:  |                          | Time of the incident: |
| Exact location of the incident:  |                          |                       |
| Weather Conditions (if applicable):  |                          |                       |
| Name of Leader in charge at the time:  |                          |                       |
| Description of incident (if vehicle involved, attach owner, driver, registration info on separate page.) |                          |                       |
| Witness Name:  | Home Phone:              | Work Phone:           |
| Witness Name:  | Home Phone:              | Work Phone:           |
| COMPLETE ONLY IF THIS INCIDENT WAS REPORTED TO THE POLICE  |                          |                       |
| Police Station Name, Number:   |                          |                       |
| Police Station Address:  |                          |                       |
| Name and Phone Number of Officer in Charge:  |                          |                       |

**INFORMATION ON INJURED PERSON OR OWNER OF DAMAGED PROPERTY**

|   |   |                          |
|---|---|--------------------------|
| Name:   |   | Birth date:              |
| Address:  |   |                          |
| Phone Numbers:  | Home:                                   | Work:                    |
| <b>Complete this section if this person is a registered member:</b> | Unit:                                   | Chartering Organization: |
|   | Youth / Adult (Please circle one)       |                          |
| <b>Please describe nature of injury or property damage</b>          |   |                          |
| <b>Complete if applicable:</b>                                      | Name of doctor consulted:               | Phone:                   |
| <b>Complete if applicable:</b>                                      | Name and address of hospital or clinic: | Phone:                   |

**REPORTING DETAILS**

|  |                       |        |
|--|-----------------------|--------|
| <p><b>This report must be signed by a currently registered Scouting member or a current employee.</b></p> <p><b>Fax to council office when competed; send original to</b><br/>         _____ Council,<br/>         _____,<br/>         _____</p> | Print full name:      |        |
|  | Position in Scouting: |        |
|  | Street Address:       |        |
|  | Town, State, Zip:     |        |
|  | Telephone (Home)      | (work) |
|  | Fax:                  | Email: |
|  | Signature:            | Date:  |