



# Accident/Incident Report Form

[www.girlscoutsgcnwi.org](http://www.girlscoutsgcnwi.org)

Location of incident: \_\_\_\_\_

Nature of accident/incident: \_\_\_\_\_

Date/time of accident/incident: \_\_\_\_\_ Reported by whom? \_\_\_\_\_

Name of injured: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Group # \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Group # \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Group # \_\_\_\_\_

Others involved: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Group # \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Group # \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Group # \_\_\_\_\_

**Group leader:** \_\_\_\_\_

Organization: \_\_\_\_\_ Position \_\_\_\_\_

Name of witness: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Relationship to injured: \_\_\_\_\_ Evening phone: \_\_\_\_\_

**(Attach signed statements)** Cell phone: \_\_\_\_\_

Name of witness: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Relationship to injured: \_\_\_\_\_ Evening phone: \_\_\_\_\_

**(Attach signed statements)** Cell phone: \_\_\_\_\_

What happened? *(Be specific including sequence of events):*

Was 911 called?  Yes  No If yes, when? \_\_\_\_\_ By whom? \_\_\_\_\_

**What did you do?** *(Be specific including sequence of events):*

Was property or equipment damaged? (Please explain):\_

**Suspected cause of incident (If known):**

**~ Complete this section if person(s) was injured ~**

Treatment given by: \_\_\_\_\_ Where? \_\_\_\_\_

Type of treatment given: \_\_\_\_\_

Was person(s) transported? \_\_\_\_\_ By whom/vehicle? \_\_\_\_\_

EMT name \_\_\_\_\_ Attending physician \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Was parent/guardian notified?  Yes  No

If yes, by whom? \_\_\_\_\_ How? \_\_\_\_\_ When? \_\_\_\_\_

Response from parent/guardian: \_\_\_\_\_

\_\_\_\_\_

Girl Scout staff notified:

\_\_\_\_\_ By whom? \_\_\_\_\_ How? \_\_\_\_\_ When? \_\_\_\_\_

\_\_\_\_\_ By whom? \_\_\_\_\_ How? \_\_\_\_\_ When? \_\_\_\_\_

\_\_\_\_\_ By whom? \_\_\_\_\_ How? \_\_\_\_\_ When? \_\_\_\_\_

Describe any contact with the media regarding this situation:

Report completed by \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_ Position \_\_\_\_\_

*I believe this information to be true and correct to the best of my knowledge* \_\_\_\_\_

Signature of person completing report

Submit completed report to the service unit support specialist.

Girl Scout staff receiving report \_\_\_\_\_ Date \_\_\_\_\_