



Accident/Incident Report Form

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 Manager.

Girl Scout staff receiving report _____ Date _____