

REPORT OF INCIDENT

To Be Completed For Incidents Of Injury And/Or Property Damages

Name of person injured: _____ Gender _____ Birthdate _____
(If Minor Parents' name and address)

Date of Incident: _____ Time _____

Place: _____ Location: _____

City: _____ State: _____ Zip: _____ Phone: _____

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TYPE OF INCIDENT: (Check Appropriate box)

- [] Accident (Personal) [] Vehicle Accident
[] Fire [] Vandalism
[] Storm Damage [] Robbery, Theft, Burglary
[] Other: _____

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Complete Description of Accident or Injury: _____

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If Unit Connected: [] Pack [] Troop [] Post [] Other _____

DISTRICT AND/OR COUNCIL: _____

Is your Unit/Council covered by the Unit/Council Accident Insurance Program offered through your local Council?: [] Yes [] No

Chartered Organization _____

Address: _____

City: _____ State: _____ Zip: _____

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ESTIMATE OF DAMAGE OR LOSS: _____

POLICE NOTIFIED: [] YES [] NO DEPARTMENT/CITY _____

PARENTS NOTIFIED: [] YES [] NO TIME: _____ AM/PM WHO SPOKE WITH: _____

IF OTHER TYPE OF INCIDENT: (Describe who. What and type)

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WITNESSES: (Names, Addresses, and Phone Numbers)

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DESCRIBE ACTION TAKEN: (injured taken to hospital or doctor, treated on site; local authorities called in or notified, etc.)

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RESULT OF ACTION TAKEN ABOVE: _____

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SUBMITTED BY: _____ DATE SUBMITTED: _____
(please print)

(Signature)

A REPORT OF INCIDENT SHOULD BE COMPLETED WITHIN 24 HOURS OF OCCURRENCE,
ONE COPY SENT TO SCOUT EXECUTIVE AND ONE COPY TO UNIT LEADER.

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FOR OFFICE USE:

_____ COPIES FORWARD TO: _____
DATE RECEIVED 2/04MVCBSA