



ACCIDENT/INCIDENT REPORT FORM

Accident

Incident

Accident: Any happening with injury

Incident: Any mishap, conflict or situation that could have caused injury or could present a liability to the Council

Date submitted to Council:

Person preparing report: Girl Scout Position:

Address:

Phone: Day: Evening: SU/TR #

Date of Accident/Incident: Time: Location:

Name(s) of individual(s) involved Age Level

Table with 7 columns: Name, Address, Phone, Daisy, Brownie, Jr, Cad, Sr, Adult. Rows 1-3 for individual details.

Description of Accident/Incident: (Please describe in detail. Use an additional sheet if necessary.)

If injury occurred who was notified?
Parents Ambulance Police Troop First Aider Camp Nurse Council

Was insurance claim filed? Yes No Girl Scout? Yes No Other? Yes No

Please list any witnesses to the Accident/Incident:
1. Name: Phone: Address:
2. Name: Phone: Address:

Is there anything that could have been done to prevent the accident? (Please describe)

Signature: Date:

PLEASE SEND ORIGINAL TO COUNCIL OFFICE IMMEDIATELY FOLLOWING ACCIDENT/INCIDENT. MAKE A COPY FOR YOUR TROOP FILES



First Aid Care Given?  Yes  No

By Whom: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

General Comments:

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**FOR OFFICE USE ONLY**

Original to Accounting Services

Copies to:  CFO

CEO

Follow up phone call needed?  Yes  No

Comments:

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Workers Comp Claim filed?  Yes  No

Date filed: \_\_\_\_\_

Claim #: \_\_\_\_\_

Attachments:  First Report of Injury  St. Paul Confirmation  Other

Follow up needed?  Yes  No

Girl Scout Insurance filed?  Yes  No

Date filed \_\_\_\_\_

Attachments:  Medical Receipts  Other

Follow up needed?  Yes  No

Comments:

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