



INCIDENT/ACCIDENT REPORT

MUST BE SUBMITTED TO REGIONAL DIRECTOR WITHIN 24 HOURS AFTER ACCIDENT - THIS IS NOT A CLAIM

Name of Injured Person: _____ Age: _____ Sex: F M

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Girl Scouts Troop#: _____ Girl Scout Volunteer Non-Girl Scout

Paid Staff Member: Position: _____

Name of Parent/Guardian If a Minor: _____

Address: _____ City: _____ State: _____ Zip: _____

Part I: Incident/Accident Information

Date of Incident/Accident: _____ Time of Incident/Accident: hour _____ a.m. p.m.

Incident/Accident Location: _____ City: _____ State: _____ Zip: _____

Description of Incident/Accident: *(Describe the sequence of events that directly caused the incident/accident. Attach additional pages, if required.)*

Injury/Illness Location and Site: _____

Right Left Body Part (please specify): _____

Did the incident/accident occur during a Girl Scout-sponsored activity?

Yes No

Did the incident/accident occur while party was traveling to or from a Girl Scout activity?

Yes No

Was the injured party participating in an activity at the time of injury?

Yes No

If so, what activity? _____

Was any equipment involved in incident/accident?

Yes No

If so, what kind? _____

Part II: Witnesses

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

(continued on next page)

Part III: Treatment Summary

If treatment was given by first aider, doctor or emergency medical facility:

Where: By whom: _____

Date: _____ Treatment given/diagnosis: _____

If hospitalized, name of hospital: _____

Date: _____ Treatment given/diagnosis: _____

Part IV: If Vehicle(s) Involved, Complete the Following

Driver of Vehicle Used for Girl Scout Activity:

Name _____ Address _____ Phone _____

Driver's License # _____ State of _____

Vehicle Registration # _____ License Plate # _____

Vehicle Insured Through _____

Driver of Second Vehicle:

Name _____ Address _____ Phone _____

Driver's License # _____ State of _____

Vehicle Registration # _____ License Plate # _____

Vehicle Insured Through _____

Police Report Made By _____ Was Citation Issued? _____

Part V: Person Completing This Report

Name _____ Phone _____

Signature _____ Date _____

**PLEASE MAKE A COPY FOR YOUR RECORDS AND
SUBMIT FORM TO THE REGIONAL DIRECTOR WITH 24 HOURS OF INCIDENT/ACCIDENT**

Girl Scout Staff Member Reviewing This Report:Name: _____ Position: _____ Region: MV AR BT GR

Follow-Up Contact Report: _____

Signature: _____ Date: _____