

Incident Reporting Tool

General Incident Details

***Required Fields**

***Incident Date:** _____ Incident Time (in 24-hour format): _____

*Report Date: _____

*Date Reported to Council/BSA Location: _____

Reported by Name: _____

Reported by Primary Phone: _____ Reported by Secondary Phone: _____

***Reported by Email:** _____

Reported by Address: _____

Reported by City: _____ Reported by State: _____ Reported by Zip Code: _____

*Council/BSA Location: _____ ***Location of Incident:** _____

Specific area where incident occurred: _____

Incident Address: _____

Incident City: _____ *Incident State: _____ Incident Zip Code: _____

***Description of Incident** (clear/concise/complete facts):

Was an Agency or Authority Notified? Yes No Which one(s): _____

Injury/Illness/Damage **Information**

***Claimant Name:** _____

Claimant Address: _____

Claimant City: _____ *Claimant State: _____ Claimant Zip Code: _____

Claimant Primary Phone: _____ Claimant Secondary Phone: _____

Email/Parent: _____

Claimant Date of Birth: _____ Age of Claimant: _____

*General Classification (Cub Scout/Registered Leader/Staff): _____

District/Unit/Number _____

*Property Damage? Yes No Describe: _____

*Adventure/Program/Event: _____

Cause/Nature/Injury Detail: _____

*If medical treatment was provided, WHERE: _____

If transported by air/ambulance, please describe: _____

If certificate of insurance has been provided, please describe: _____

If there is/was a contract for this event, please describe: _____

Did the event occur while transporting to/from activity? Yes No Unknown

Vehicle Involved (or use space to describe first aid/medical treatment)

*Owner of vehicle: _____ VIN: _____

License State: _____ Vehicle make/model/year: _____

Description of Vehicle Damage/Description of MEDICAL TREATMENT: _____

Weather Conditions: _____

Driver Name: _____

Driver Address: _____

Driver City: _____ Driver State: _____ Driver Zip Code: _____

Driver Phone: _____ Driver Email: _____

Witnesses (Duplicate if needed)

*Witness Name: _____

Witness Address: _____

Witness Email: _____ Witness Primary Phone: _____

Witness Secondary Phone: _____

Witness Type: Adult Youth Unknown

*Witness Name: _____

Witness Address: _____

Witness Email: _____ Witness Primary Phone: _____

Witness Secondary Phone: _____

Attachments such as photos, statements, and this incident report form are helpful.

Return this completed form within 24-48 hours to your council's designated user.