



Incident Report Form

Report any incident including injury, property damage, or youth protection event:

1. Immediately following the incident, call the Council Office at _____
2. Follow up by immediately completing and faxing this form to council at _____

PLEASE PRINT CLEARLY

UNIT INFORMATION		
Unit:	Chartering Organization:	
INFORMATION ON PERSON IN CHARGE OF THE GROUP		
Name:		
Address:		
Phone numbers:	Home:	Work:
	Fax:	E-Mail:
INFORMATION ON THE INCIDENT		
Nature of the activity:		
Place of the activity:		
Date of the incident:		Time of the incident:
Exact location of the incident:		
Weather Conditions (if applicable):		
Name of Leader in charge at the time:		
Description of incident (if vehicle involved, attach owner, driver, registration info on separate page.)		
Witness Name:	Home Phone:	Work Phone:
Witness Name:	Home Phone:	Work Phone:
COMPLETE ONLY IF THIS INCIDENT WAS REPORTED TO THE POLICE		
Police Station Name, Number:		
Police Station Address:		
Name and Phone Number of Officer in Charge:		

INFORMATION ON INJURED PERSON OR OWNER OF DAMAGED PROPERTY

Name:		Birth date:
Address:		
Phone Numbers:	Home:	Work:
Complete this section if this person is a registered member:	Unit:	Chartering Organization:
	Youth / Adult (Please circle one)	
Please describe nature of injury or property damage		
Complete if applicable:	Name of doctor consulted:	Phone:
Complete if applicable:	Name and address of hospital or clinic:	Phone:
REPORTING DETAILS		
This report must be signed by a currently registered Scouting member or a current employee. Fax to council office when competed; send original to _____ Council, _____, _____	Print full name:	
	Position in Scouting:	
	Street Address:	
	Town, State, Zip:	
	Telephone (Home)	(work)
	Fax:	Email:
	Signature:	Date: