



Accident/Incident Report Form *Confidential*

Instructions for Accidents/Incidents – complete and submit this form

Name of Injured Person	Name:	Phone:
	Address:	Business Phone:
	Unit # District: Age:	Other (email):
	Registered Scouting Status:	
Time And Location	Date & Time of Incident/Accident:	Accident/Incident Occurred During: <input type="checkbox"/> Unit Activity <input type="checkbox"/> Unit Meeting <input type="checkbox"/> Unit Campout <input type="checkbox"/> Council Activity <input type="checkbox"/> Council Camp <input type="checkbox"/> National Camp <input type="checkbox"/> Learning For Life <input type="checkbox"/> Other
	Location:	
Other Person Involved in Incident (if any)	Name:	Home Phone:
	Address:	Business Phone:
	Registered Scouting Status: Age:	Other (email):
Description of Injury	Nature and Extent of injury:	Doctor's Name:
	Where was injured person taken after injury?	Doctor's Phone #:
Was there Property Damage?	Owner:	Home Phone:
	Address:	Business Phone:
	List Damage:	Estimated value of damage:
Description of Incident/ Accident	 	
Adult Leaders and Witnesses	Leader Name Address	Phone:
	Leader Name Address	Phone:
	Witness Name Address	Phone:
	Witness Name Address	Phone:
Unit's Chartered Organization	 	
Other Insurance	Were any Accident and Sickness Benefits Filed?	
Person Completing this form	Name:	Phone:
	Address:	Business Phone:
	Unit # District:	Other (email):
	Registered Scouting Status:	Date:

Date Received: _____ Received by: _____