



Girl Scouts.



# 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 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

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

Yes  No

If so, what activity? \_\_\_\_\_

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

Yes  No

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)

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**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: \_\_\_\_\_

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**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? \_\_\_\_\_

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**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: \_\_\_\_\_