



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:
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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:
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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

<p>This report must be signed by a currently registered Scouting member or a current employee.</p> <p>Fax to council office when competed; send original to _____ Council, _____ _____</p>	Print full name:	
	Position in Scouting:	
	Street Address:	
	Town, State, Zip:	
	Telephone (Home)	(work)
	Fax:	Email:
	Signature:	Date: