

# Incident Information Report

**PLEASE FILL IN THIS FORM COMPLETELY**

Missing information, including missing address information and specifics of injury, will require additional follow-up. Enter "N/A" in spaces where information is not relevant or not known. Please save yourself time by submitting form with all information completed. This form is also available to complete online at [www.danbeard.org/incidents](http://www.danbeard.org/incidents).

Incident date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ ~~AM~~ ~~PM~~

Reporting date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ ~~AM~~ ~~PM~~

Council ~~Area~~ ~~Unit~~: \_\_\_\_\_

Reporting person: \_\_\_\_\_ ~~Leader~~ ~~Parent~~ ~~Other~~

Unit type: ~~Pack~~ ~~Troop~~ ~~Crew~~ ~~Post~~ ~~Group~~ Unit number: \_\_\_\_\_

Chartered Organization: \_\_\_\_\_

---

## LOCATION OF INCIDENT

Facility or location name : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Specific area where incident occurred (e.g. parking lot, campsite, etc.): \_\_\_\_\_

---

## SPECIFICS OF INCIDENT

Type of injury or property damage:

Injured body part(s): \_\_\_\_\_

Cause of incident:

Medical treatment given (including medical facility transport):

Did incident occur while transporting to/from an activity?  Yes  No

---

## INJURED PARTY

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Scouting Role: \_\_\_\_\_

# Incident Information Report

Continued

---

## WITNESSES

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

---

## PROPERTY DAMAGE

(If applicable)

Property or vehicle make/model/year: \_\_\_\_\_

Color: \_\_\_\_\_ License plate no: \_\_\_\_\_

Other insurance available: \_\_\_\_\_

---

## DRIVER INFORMATION

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Number of passengers: \_\_\_\_\_

---

## INFORMATION GATHERED AT THE SCENE BY

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

---

Please submit this completed form within 24 hours of the incident to Mike Swofford, [mike.swofford@scouting.org](mailto:mike.swofford@scouting.org), for entry into BSA Incident Reporting system.

To open a new insurance claim, please contact Sherry Masten, [sherry.masten@scouting.org](mailto:sherry.masten@scouting.org) to request a claim form.