

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.

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, for entry into BSA Incident Reporting system. To open a new insurance claim, please contact Kyle Acus, kyle.acus@scouting.org to request a claim form.