

REPORT OF INCIDENT

To be completed for Incidents of Injury, Abuse and/or Property Damage

Name of person injured: _____ Gender: _____ Birthday: _____

(If minor, Parents' name and address)

Parent's name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ email : _____

Date of Incident: _____ Time: _____

Place: _____ Location: _____

Address: _____ City: _____ State: _____ Zip: _____

TYPE OF INCIDENT: (Check Appropriate Box)

Accident (Personal)

Vehicle Accident

Fire

Vandalism

Storm Damage

Robbery, Theft, Burglary

Abuse

Other

Complete description of incident: _____

If Unit connected: Pack Troop Crew Post Unit number _____

District and/or Council _____

Chartered Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Estimate of Damage or Loss: _____

Police Notified: YES NO Department/City: _____ Case # _____

Parents Notified: YES NO Time: _____ AM/ PM Who spoke with: _____

Other Authorities notified: _____

Witnesses (name, addresses, and phone numbers): _____

Describe Action Taken (injured taken to hospital or doctor, treated on site; local authorizes called in or notified, etc.):

Hospital or Medical Facility: _____ Transported by: _____

Result of Action taken above: _____

Submitted By: _____ Date submitted: _____

(please print)

Home Phone: _____

Cell Phone: _____

(signature)

A REPORT OF INCIDENT SHOULD BE COMPLETED WITHIN 24 HOURS OF OCCURRENCE, ONE COPY SENT TO SCOUT EXECUTIVE AND ONE COPY TO UNIT LEADER.

Send to: Scout Executive
3501 E. Lloyd Expressway
Evansville, IN 47715

Fax: 812-423-4845
Email: administration@buffalotracecouncil.org

For Office use: Date received _____ Copies forwarded to: _____