Incident Information Report

(Events or allegations of injury, illness, or property damage, including employment and issues with directors and officers)

Incident date: _____ Time: _____

Reporting date: _____ Time: _____

Council/BSA location: _____ ❑ Leader ❑ Parent ❑ Other: _____

Reporting person: _____

Location of incident: _____

Specific area where incident occurred:

_____

_____

Cause of incident:

_____

_____

_____

Program/event/adventure code: _____

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

Comments:

_____

_____

_____

Individuals Involved (Duplicate If Needed)

Name: _____
First Middle Last

Address: _____
City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

DOB: _____ Age: _____ Unit No.: _____ Council: _____

Scouting role: _____

Type of injury or property damage: _____ Injured body part: _____

Was medical treatment given at scene? ❑ Yes ❑ No Type: _____

Medical disposition (transported to hospital, etc.): _____

Return this completed form to your council's designated user for entry into RiskConsole via MyBSA Incident Entry.

Incident Information Report

(Events or allegations of injury, illness, or property damage, including employment and issues with directors and officers)

Witnesses

Name:_____
First Middle Last

Address: _____
City State Zip

Home phone: _____Cell phone: _____Work phone: _____

Others

Name:_____
First Middle Last

Address: _____
City State Zip

Home phone: _____Cell phone: _____Work phone: _____

Property Damage (if applicable)

Property or vehicle make/model/year: _____

Color: _____License plate No.: _____

Driver Contact Information (if applicable)

Name:_____
First Middle Last

Address: _____
City State Zip

Home phone: _____Cell phone: _____Work phone: _____

Passengers: _____Contact information:_____

Additional information:

_____

_____

_____

Information gathered at scene by: _____

Contact information:_____

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