

# INJURY INCIDENT REPORT

Check all that apply:  Adult  Youth  Cub Scout  Scouts BSA  Venturer  Sea Scout  Explorer  **STAFF**

Fill in all fields legibly. Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ Date of report: \_\_\_\_\_

Activity: \_\_\_\_\_ Exact location: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of injured person: \_\_\_\_\_ DOB: \_\_\_\_\_

(Only for injured under 18) Parent's name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Council: \_\_\_\_\_

Unit Number and Community: \_\_\_\_\_ Unit Leader: \_\_\_\_\_ Phone: \_\_\_\_\_

Incident description: \_\_\_\_\_

\_\_\_\_\_

Nature of injury: \_\_\_\_\_

\_\_\_\_\_

Actions taken at time of incident: \_\_\_\_\_

\_\_\_\_\_

(Only for injured under 18) Who notified parents/guardians? \_\_\_\_\_

If patient was sent for additional medical evaluation, where? \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Outcome of outside evaluation/diagnosis: \_\_\_\_\_

\_\_\_\_\_

(Only for injured staff) Did injured staff miss work due to injury? \_\_\_\_\_ If yes, how many days? \_\_\_\_\_

Witness: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness: \_\_\_\_\_ Phone: \_\_\_\_\_

Where police notified?: \_\_\_\_\_ If yes, Date: \_\_\_\_\_ Time: \_\_\_\_\_ By whom?: \_\_\_\_\_

Reported by: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

