

ACCIDENT REPORT FORM

(fill in all spaces)

Person Injured _____ Phone No. _____

(Street No.) (City) (State) (Zip)

Date of Injury _____ Time of Injury _____

Site of Accident _____

Type and extent of injuries based on . . .

1) Immediate first aid observations _____

2) Treatment by medical personnel _____

Was the immediate family notified? Yes _____ No _____

By whom? _____ Time _____

Whose or what insurance will pay? _____

Their plans and comments _____

Who from Scouting will follow up? _____

Who was the first person on the scene and their actions?

Name _____ Action taken _____

Other persons on the scene and their actions taken _____

Cover these seven (7) points:

1) List sequence of the activity _____

2) Exactly what was the injured person doing and how did the accident occur? _____

3) Location of accident on property. Please draw diagram of exact location and what they were doing _____

Please draw simple diagram here.

4) Was there any damage to property? If so, whose property and what damage was done?

5) Ask the injured party what happened and what they were doing? Write down any admissions by the injured person that he was not following directions or did something wrong, or failed to do something he was supposed to do. _____

6) First aid procedure rendered? _____

Which emergency service was called? _____

Which medical facility was the injured party taken to? _____

7) Any unique circumstances (ie., weather)? _____

Do not put down what was not done, only what was done.

Do not give your opinion on this form – keep it factual.

Attach eye witness reports. (staple)

Death or very serious injured must have a call placed to the Director of Field Service or Scout Executive.

This report must be submitted within three (3) days of accident to the Scout Executive. Accidents which may lead to a liability claim must be reported promptly.

Insurance report form was given to _____ Date _____

(Signed) _____

Date) _____