

**ACCIDENT REPORT FORM**

(Fill in all spaces)

Person Injured \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ 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 taken?

Name \_\_\_\_\_ Action Taken \_\_\_\_\_  
\_\_\_\_\_

Other persons on the scene and their actions taken \_\_\_\_\_  
\_\_\_\_\_

Cover these seven (7) points:

1) List sequence of 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 a 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 procedures rendered? \_\_\_\_\_

Which emergency services were called? \_\_\_\_\_

Which medical facility was the injured party taken to? \_\_\_\_\_

---

---

7) Any unique circumstances (i.e. 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 given to \_\_\_\_\_ Date \_\_\_\_\_

(Signed) \_\_\_\_\_

(Date) \_\_\_\_\_