

# Incident Reporting Tool

## General Incident Details

### **\*Required Fields**

\*Incident Date: \_\_\_\_\_ Incident Time (in 24-hour format): \_\_\_\_\_

\*Report Date: \_\_\_\_\_

\*Date Reported to Council/BSA Location: \_\_\_\_\_

Reported by Name: \_\_\_\_\_

Reported by Primary Phone: \_\_\_\_\_ Reported by Secondary Phone: \_\_\_\_\_

\*Reported by Email: \_\_\_\_\_

Reported by Address: \_\_\_\_\_

Reported by City: \_\_\_\_\_ Reported by State: \_\_\_\_\_ Reported by Zip Code: \_\_\_\_\_

\*Council/BSA Location: \_\_\_\_\_ \*Location of Incident: \_\_\_\_\_

Specific area where incident occurred: \_\_\_\_\_

Incident Address: \_\_\_\_\_

Incident City: \_\_\_\_\_ \*Incident State: \_\_\_\_\_ Incident Zip Code: \_\_\_\_\_

\*Description of Incident (clear/concise/complete facts):

Was an Agency or Authority Notified?  Yes  No Which one(s): \_\_\_\_\_

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## Injury/Illness/Damage Information

\*Claimant Name: \_\_\_\_\_

Claimant Address: \_\_\_\_\_

Claimant City: \_\_\_\_\_ \*Claimant State: \_\_\_\_\_ Claimant Zip Code: \_\_\_\_\_

Claimant Primary Phone: \_\_\_\_\_ Claimant Secondary Phone: \_\_\_\_\_

Claimant Email: \_\_\_\_\_

Claimant Date of Birth: \_\_\_\_\_ Age of Claimant: \_\_\_\_\_

\*General Classification (Cub Scout/Registered Leader/etc.): \_\_\_\_\_

Chartered Organization: \_\_\_\_\_

\*Property Damage?  Yes  No Describe: \_\_\_\_\_

\*Adventure/Program/Event: \_\_\_\_\_

Cause/Nature/Injury Detail: \_\_\_\_\_

\*If medical treatment was provided, please describe: \_\_\_\_\_

If transported by air/ambulance, please describe: \_\_\_\_\_

\*Are Accident and Sickness forms provided or filed?  Yes  No  Unknown

If certificate of insurance has been provided, please describe: \_\_\_\_\_

If there is/was a contract for this event, please describe: \_\_\_\_\_

Did the event occur while transporting to/from activity?  Yes  No  Unknown

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### Vehicle Involved (Duplicate if needed)

\*Owner of vehicle: \_\_\_\_\_ VIN: \_\_\_\_\_

License State: \_\_\_\_\_ Vehicle make/model/year: \_\_\_\_\_

Description of Vehicle Damage: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Driver Name: \_\_\_\_\_

Driver Address: \_\_\_\_\_

Driver City: \_\_\_\_\_ Driver State: \_\_\_\_\_ Driver Zip Code: \_\_\_\_\_

Driver Phone: \_\_\_\_\_ Driver Email: \_\_\_\_\_

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### Witnesses (Duplicate if needed)

\*Witness Name: \_\_\_\_\_

Witness Address: \_\_\_\_\_

Witness Email: \_\_\_\_\_ Witness Primary Phone: \_\_\_\_\_

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

Witness Type:  Adult  Youth  Unknown

\*Witness Name: \_\_\_\_\_

Witness Address: \_\_\_\_\_

Witness Email: \_\_\_\_\_ Witness Primary Phone: \_\_\_\_\_

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

*Attachments such as photos, statements, and this incident report form can be added during online entry and are helpful.*

*Return this completed form to [Kevin Gorman](#) for entry, or upload into Riskconnect.*