Incident Reporting Tool

***\*Required Fields***

# General Incident Details

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

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\*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):

# 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

# 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:

# 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 your council’s designated user for entry, or upload into Riskonnect.*

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