

# Incident Reporting Tool

(Events or allegations of injury, illness, or property damage, including employment and directors and officer's issues)

## 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 Whom: \_\_\_\_\_

## 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: \_\_\_\_\_