

Incident Information Report

(Events or allegations of injury, illness, or property damage, including employment and issues with directors and officers)

Incident date: _____ Time: _____

Reporting date: _____ Time: _____

Council/BSA location: _____ Leader Parent Other: _____

Reporting person: _____

Location of incident: _____

Specific area where incident occurred:

Cause of incident:

Program/event/adventure code: _____

Did the incident occur while transporting to/from an activity? Yes No

Comments:

Individuals Involved (Duplicate If Needed)

Name: _____

First

Middle

Last

Address: _____

City

State

Zip

Home phone: _____ Cell phone: _____ Work phone: _____

DOB: _____ Age: _____ Unit No.: _____ Council: _____

Scouting role: _____

Type of injury or property damage: _____ Injured body part: _____

Was medical treatment given at scene? Yes No Type: _____

Medical disposition (transported to hospital, etc.): _____

Return this completed form to your council's designated user for entry into RiskConsole via MyBSA Incident Entry.

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Witnesses

Name: _____
 First Middle Last

Address: _____
 City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

Others

Name: _____
 First Middle Last

Address: _____
 City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

Property Damage (if applicable)

Property or vehicle make/model/year: _____

Color: _____ License plate No.: _____

Driver Contact Information (if applicable)

Name: _____
 First Middle Last

Address: _____
 City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

Passengers: _____ Contact information: _____

Additional information:

Information gathered at scene by: _____

Contact information: _____

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