

INCIDENT REPORT FORM

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1. ALLEGED VICTIM / TARGET / INJURED PARTY INFORMATION

Name (First, Middle, Last): _____ Unit: _____

Age: _____ D.O.B.: _____ Sex: _____ Camper Staff Adult

Street Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Name of Parent/Guardian (if Minor): _____

Street Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Name of Unit Leader (if Scout): _____ Unit: _____

Street Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

2. ALLEGED POLICY VIOLATER / OFFENDER INFORMATION

Name (First, Middle, Last): _____

Age: _____ D.O.B.: _____ Sex: _____ Camper Staff Adult

Street Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Name of Parent/Guardian (if Minor): _____

Street Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Name of Unit Leader (if Scout): _____ Unit: _____

Street Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

3. WITNESSES

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Form Submitted by (Name): _____ Date: _____

Position: _____ Phone: _____

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4. INCIDENT DETAILS

Incident Date (Month/Day/Year): _____ Hour: _____ a.m. p.m.

Incident Location/Address: _____

Initially Reported by (Name): _____ Camper Staff Adult

Description of Incident (who, what, when, where, why):

Emergency procedures followed:

Law Enforcement Contacted Contact Date (Month/Day/Year): _____ Hour: _____ a.m. p.m.

Agency Contacted: _____

By Whom: _____ Position: _____

Medical Treatment Sought (Complete Medical Report of Injury)

Ambulance / Emergency Transport Self / Adult Transport to Urgent Care / Hospital / Doctor

Form Submitted by (Name): _____ Date: _____

Position: _____ Phone: _____

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TRC Office Use Only

RiskConnect Submission Made by (Name): _____ Date: _____ Case No.: _____

BSA National Initially Notified/Consulted by (Name): _____ Date: _____