

# 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:

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Information gathered at scene by: \_\_\_\_\_

Contact information: \_\_\_\_\_

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