

**ACCIDENT REPORT FORM**

Instructions:

- This form is required when injury results in professional medical care.
- Put down what was only what was done, not what should or could have been done.
- Keep all information factual. Do not give your opinion on this form
- Attach eyewitness reports.
- Death or very serious injured must have a call placed to the Scout Executive.
- This report must be submitted within three (3) days of accident to the Scout Executive. Accidents that may lead to a liability claim must be reported promptly.
- Fill in all spaces. If not applicable, mark N/A.
- List additional injured persons at bottom of form or attach additional pages.
- If applicable, attach any accident reports from law enforcement.

Person Injured \_\_\_\_\_ Phone No. \_\_\_\_\_  
\_\_\_\_\_  
(Street No.) (City) (State) (Zip)

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_

Site of Accident \_\_\_\_\_

Type and extent of injuries based on . . .

- 1) Immediate first aid observations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2) Treatment by medical personnel \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the immediate family notified? Yes \_\_\_\_\_ No \_\_\_\_\_  
By whom? \_\_\_\_\_ Time \_\_\_\_\_

Whose or what insurance will pay? \_\_\_\_\_

Their plans and comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who from Scouting will follow up? \_\_\_\_\_

Follow-up time line: \_\_\_\_\_

Who was the first person on the scene and their actions?

Name \_\_\_\_\_ Action taken \_\_\_\_\_

\_\_\_\_\_

Other persons on the scene and their actions taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cover these seven (7) points:

1) List sequence of the activity \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Exactly what was the injured person doing and how did the accident occur? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) Location of accident. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please draw diagram of exact location. Show relationship to existing landmarks, structures, etc.

4) Was there any damage to property? If so, whose property and what damage were done?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5) Ask the injured party what happened and what they were doing? Write down any admissions by the injured person, e.g. not following directions or did something wrong or failed to do something he was suppose to do. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) First aid procedure rendered? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which emergency service was called? \_\_\_\_\_  
\_\_\_\_\_

Which medical facility was the injured party taken to? \_\_\_\_\_  
\_\_\_\_\_

7) Any unique circumstances (i.e., weather)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance report form was given to \_\_\_\_\_ Date \_\_\_\_\_

(Signed) \_\_\_\_\_

Date) \_\_\_\_\_