

**GIRL SCOUTS OF ALASKA  
INCIDENT/ACCIDENT REPORT**

Date of incident/accident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM Weather \_\_\_\_\_

Exact location of incident/accident: \_\_\_\_\_

Name of person involved: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male

Address \_\_\_\_\_

Phone \_\_\_\_\_  Member  Nonmember

Type of incident:  Accident  Behavioral  Other (describe) \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address \_\_\_\_\_

Describe the sequence of events in detail including what the (injured) person was doing at the time.

Where occurred? (Specify location of incident and specific location of injured and witnesses at the scene. Use diagram as needed). \_\_\_\_\_

Was injured participating in an activity?  Yes If so, what activity? \_\_\_\_\_  No  
Any equipment involved in accident?  Yes If so, what kind? \_\_\_\_\_  No

Emergency procedures followed at time of incident/accident:

By whom? \_\_\_\_\_

What critical statements regarding guilt, blame or negligence, if any, were made to injured party or guardian? \_\_\_\_\_

Witnesses: Name/Address/Phone

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If vehicle(s) were involved, complete the following:

**Girl Scout vehicle (any vehicle driven by registered Girl Scout adult member)**

Driver's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ License Plate: \_\_\_\_\_

Make, Model, Year of vehicle: \_\_\_\_\_

**Other vehicle (non- Girl Scout vehicle):**

Driver's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ License Plate: \_\_\_\_\_

Make, Model, Year of vehicle: \_\_\_\_\_

**Police information if any:** dept responding, officer's name, police report# \_\_\_\_\_

Were citation(s) issued?  No  Yes Explain: \_\_\_\_\_

Were parents notified?  No  Yes When? \_\_\_\_\_ By whom? \_\_\_\_\_

Parent's response \_\_\_\_\_

If medical treatment was given, where (complete all that apply)

At accident site By Whom: \_\_\_\_\_

Treatment given \_\_\_\_\_

At medical facility Where? \_\_\_\_\_

Transported by:  ambulance  GS volunteer  parent: (  at time of accident  later)

Describe any contact made by/with the media regarding this situation \_\_\_\_\_

Report submitted by: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**NOTE: Accident activity claims procedures and information is available at the Girl Scouts of Alaska office. Contact Girl Scouts of Alaska for forms and information.**

revised: 7/09 G:/Admin/Forms or Membership/Forms