

Accident/Incident Report Form *Confidential*



Instructions for Accidents/Incidents – complete and submit this form to the Northern Star Council.

Name of Injured Person	Name:	Phone:
	Address:	Business Phone:
	Unit # District: Age:	Other (email):
	Registered Scouting Status:	
Time And Location	Date & Time of Incident/Accident	Accident/Incident Occurred During: <input type="checkbox"/> Unit Activity <input type="checkbox"/> Unit Meeting <input type="checkbox"/> Unit Campout <input type="checkbox"/> Council Activity <input type="checkbox"/> Council Camp <input type="checkbox"/> National Camp <input type="checkbox"/> Learning For Life <input type="checkbox"/> Other
	Location:	
Other Person Involved in Incident (if any)	Name:	Home Phone:
	Address:	Business Phone:
	Registered Scouting Status: Age:	Other (email):
Description of Injury	Nature and Extent of Injury:	Doctor's Name:
	Where was injured person taken after injury?	Doctor's Phone #:
Was there Property Damage?	Owner:	Home Phone:
	Address:	Business Phone:
	List Damage:	Estimated value of damage:
Description of Incident/Accident		
Adult Leaders and Witnesses	Leader Name Address	Phone:
	Leader Name Address	Phone:
	Witness Name Address	Phone:
	Witness Name Address	Phone:
Unit's Chartered Organization		
Other Insurance	Were any Accident and Sickness Benefits Filed?	
Person Completing this form	Name:	Phone:
	Address:	Business Phone:
	Unit # District:	Other (email):
	Registered Scouting Status:	Date:

Date Received: _____ Received by: _____

Cover these eight (8) points for injuries:

1. List sequence of the activity at the time of accident/incident: _____

2. Location of accident/incident on property. (Please draw diagram if necessary.) _____

3. Exactly what was the injured person doing and how did the accident occur? _____

4. First Aid procedure rendered? _____

Was an emergency service called? _____
Which medical facility was the injured party taken to? _____

5. Any unique circumstances? (i.e. weather) _____

6. If the injured person was taken home, who provided the transportation?
Name _____ Phone # _____ Relationship to injured party _____ Date & time left camp _____

7. Who was the first person on the scene and what were their actions?
Name _____
Actions taken _____

8. Other persons on the scene and their actions taken _____

Do not put down what was not done, **only what was done**. Do not give your opinion on this form – keep it factual. Attach eyewitness reports.

Death or very serious injuries must have a call placed to the Director of Camping & Properties, Director of Field Service or Scout Executive immediately. See Emergency Procedure sheet.

This report must be submitted to the Director of Camping & Properties at the Scout Service Center within two (2) days of the accident.

Fax #: 763-231-7202 or mail to: **Northern Star Council, BSA**
393 Marshall Avenue
St. Paul, MN 55102

Signed _____

Position _____ Date _____

For Office Use Only:
Camp Dir. _____
Dir. Camping & Properties _____
Risk Mgt. _____
File _____