



**GIRL SCOUTS OF CENTRAL MARYLAND
4806 Seton Drive
Baltimore, Maryland 21215**

INCIDENT/ACCIDENT REPORT FORM

A. Date of incident/accident: _____ Time: _____ a.m./p.m.(Circle)

B. Location of incident/accident: _____

C. Description of the incident/accident(be specific): _____

D. Indicate weather conditions(if applicable): _____

E. Complete for each injured person:

Name of injured person: _____ Age: _____

Gender: Male _____ Female _____

Address-street, city, state and zip code: _____

Telephone numbers: Daytime _____ Evening _____

Member: _____ Visitor: _____ Employee: _____ Other: _____

Nature of injury: _____

Was injured individual referred to first aid? Yes _____ No _____

Was emergency services(EMS) called? Yes _____ No _____

Did troop first aides provide care? Yes _____ No _____

Did the individual accept? Yes _____ No _____

If youth injured, parents were contacted by _____

Where was injured person taken? _____

By whom? _____

F. Witnesses:

Name: _____ Daytime phone number: _____

Address-street, city, state and zip code: _____

Position(if applicable): _____

Witnesses:

Name: _____ Daytime phone number: _____

Address-street, city, state and zip code: _____

Position(if applicable): _____

G: Complete for vehicular incidents/accidents:

Complete for vehicles used for Girl Scout activity:

Name of driver: _____ Daytime phone number: _____

Address of driver-street, city, state and zip code: _____

Position title: _____ Vehicle make and model: _____

Driver's License number: _____ License Plate Number: _____

Police report number: _____ Citation issued? Yes _____ No _____

Complete for other vehicle(s):

Name of driver: _____ Daytime phone number: _____

Address of driver-street, city, state and zip code: _____

Other vehicle may be seen at: _____

Vehicle make and model: _____

Driver's License number: _____ License Plate Number: _____

Police report number: _____ Citation issued? Yes _____ No _____

Complete witnesses, section F, if necessary.

Person completing this form:

Name(print): _____ Date: _____

Signature: _____

Position: _____

Authorized Signature

Sr. V.P., V.P. or C.F.O.

Return completed form and any other pertinent documentation within 48 hours to:

Risk Manager

Girl Scouts of Central Maryland

4806 Seton Drive

Baltimore, Maryland 21215

07-127

12/05

Reviewed 6/2010