



GIRL SCOUTS OF CENTRAL MARYLAND
4806 Seton Drive
Baltimore, Maryland 21215
410.358.9711 or 800.492.2521
www.gscm.org

INCIDENT/ACCIDENT REPORT FORM

Check

- Resident Camp, Day Camp, Service Unit, Troop, Council-Sponsored Program/Event, Council Sponsored Training, Other:

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. Weather Conditions (if applicable):

E. Complete for each Injured Person:

Name of Injured Person: Age:

Gender: Female Male

Address: Street Address City State Zip Code

Telephone #: Daytime: Evening:

Check One: Girl Scout Member Visitor Employee Other:

Nature of Injury:

Was injured individual referred to first aid? Yes No

Was emergency services (EMS) called? Yes No

Did the first aider offer care? Yes No

Did the individual accept? Yes No

If youth injured, parents were contacted by (name):

If transported to medical facility, where was injured person taken?

By whom?

F. Witnesses:

Name: Daytime telephone #:

Address: Street Address City State Zip Code

Position (if applicable): (staff position or volunteer position)

Witnesses:

Name: _____ Daytime telephone #: _____

Address: _____
Street Address City State Zip Code

Position (if applicable): _____
(staff position or volunteer position)

G: Complete for vehicular incidents/accidents:

Is the individual driving an approved driver for GSCM? Yes No

Do you have car insurance? Yes No

Insurance Company: _____ Policy #: _____

Name of Driver: _____ Daytime Telephone #: _____

Address: _____
Street Address City State Zip Code

Position Title: _____

Vehicle Make and Model: _____

Driver's License #: _____ License Plate #:: _____

Police Report #:: _____ Citation issued? Yes No

Name of Driver: _____ Daytime Telephone #: _____

Address: _____
Street Address City State Zip Code

Position Title: _____

Vehicle Make and Model: _____

Driver's License #: _____ License Plate #:: _____

Police Report #:: _____ Citation issued? Yes No

Complete witnesses, section F, if necessary.

Person completing this form:

Name (print): _____ Date: _____

Signature: _____

Position: _____

Authorized Signature/Date
Vice President / CFO

Chief Executive Officer / Date

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