



# Accident/Incident Report

First read "Emergency Procedures" in **The Leader Answer Book**. This report is not an insurance claim. Complete this form whenever first aid is provided or treatment is rendered by a doctor/hospital to any participant of a Girl Scout activity at any location (meeting place, troop camping, trip, etc.). Attach "Parent Permission", "Health Examination Record", and any additional pages. Return to Regional Office within 24 hours of accident/incident.

## Injured Person

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_ Registered Girl Scout \_\_\_\_ Non-Girl Scout Service Unit # \_\_\_\_ Troop #: \_\_\_\_ Level: \_\_D \_\_B \_\_J \_\_C \_\_S \_\_A  
Parent/Guardian Name\*: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Was Parent/guardian notified? \_\_\_\_ Yes \_\_\_\_ No If yes, what instructions did they give? \_\_\_\_\_

\*\* If injured person is an adult, provide their address and name of spouse.

### Accident/Incident Information

Accident Date: \_\_\_\_\_ Time: \_\_\_\_\_ (A.M. or P.M.)  
 Accident Location:  
 Name \_\_\_\_\_  
 (home owner, school, park, campground, etc.)  
 Address\* \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

\* If no address, give closest intersection of streets, landmarks, etc.  
 \_\_\_\_\_

Describe nature of accident/incident.  
 Be specific (weather, environment, floor conditions, obstructions, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If motor vehicle(s) are involved,  
 Fill out information for *each vehicle* (Continue on back if necessary)

1. Driver's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
 License # \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Phone # \_\_\_\_\_

### Action(s) Taken

Describe in detail the actions taken and by whom.  
 (Attach additional pages or continue on back if necessary.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Emergency Services Used

First Aider who initially responded  
 Name: \_\_\_\_\_  
 City/Town \_\_\_\_\_ Phone# \_\_\_\_\_

Ambulance  
 Company Name: \_\_\_\_\_  
 City/Town \_\_\_\_\_ Phone# \_\_\_\_\_

Police Department  
 Officer's Name \_\_\_\_\_  
 City/Town \_\_\_\_\_ Phone# \_\_\_\_\_

Hospital  
 Name: \_\_\_\_\_  
 City/Town \_\_\_\_\_ Phone# \_\_\_\_\_

Attending Physician  
 Name: \_\_\_\_\_  
 City/Town \_\_\_\_\_ Phone# \_\_\_\_\_

### Witnesses

(Include age if a minor)

1. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 State/zip \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 State/zip \_\_\_\_\_ Phone # \_\_\_\_\_

3. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 State/zip \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Report: \_\_\_\_\_ Signature of person filing report: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Girl Scouts Heart of the Hudson, Inc.  
Website: [www.girlscoutshh.org](http://www.girlscoutshh.org)

**Kingston Office**  
65 St. James Street  
Kingston, NY 12401  
845.790.2326  
FAX: 845.338-6802

**Middletown Office**  
162 Bloomingburg Rd  
Middletown, NY 10940  
845.236.6002  
FAX: 845.609.7251

**New City Office**  
211 Red Hill Rd  
New City, NY 10956  
845.638.0438  
FAX: 845.638.2804

**Pleasantville Office**  
2 Great Oak Lane  
Pleasantville, NY 10570  
914.747.3080  
Fax: 914.747.4263

**Poughkeepsie Office**  
3 Neptune Road  
Poughkeepsie, NY 12601  
845.452.1810  
FAX: 845.452.1878