



ACCIDENT / INCIDENT REPORT FORM

Girl Scouts of Silver Sage Council
1410 Etheridge Lane
Boise, ID 83704
(208) 377-2011 or (800) 846-0079
FAX (208) 377-0504
www.girlscouts-ssc.org

Details of accident/incident

Person involved/injured _____

Name

Phone

Troop# _____

___Adult ___Girl

Name of event (if any) _____

Nature of accident/incident (injury, illness, lost child, death, etc.) _____

If girl, name/phone number of adult supervisor(s) at time of accident/incident:

What happened (be specific) _____

When and where did it happen (date, time and exact location) _____

What did you do (be specific) _____

Cause of accident/incident, if known (if auto/bus involved, give details on owners, operators) _____

What agencies were involved (police, fire, medical, first aid, media, etc.) _____

Witnesses to accident/incident (include phone number):

Person Completing Form

Name

Position

Day Phone

Cell Phone