

# Incident Information Report

(Events or allegations of injury, illness, or property damage including employment and directors and officers issues)

Incident date: \_\_\_\_\_ Time: \_\_\_\_\_

Reporting date: \_\_\_\_\_ Time: \_\_\_\_\_

Council/BSA location: \_\_\_\_\_  Leader  Parent  Other: \_\_\_\_\_

Reporting person: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Specific area where incident occurred:

Cause of incident:

Program/event/adventure code: \_\_\_\_\_

Did the incident occur while transporting to/from an activity?  Yes  No

Comments:

## Individuals Involved (Duplicate if Needed)

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
City State Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Unit No.: \_\_\_\_\_ Council: \_\_\_\_\_

Scouting role: \_\_\_\_\_

Type of injury or property damage: \_\_\_\_\_ Injured body part: \_\_\_\_\_

Was medical treatment given at scene?  Yes  No Type: \_\_\_\_\_

Medical disposition (transported to hospital, etc.): \_\_\_\_\_

*Return this completed form to your council's designated user for entry into RiskConsole via MyBSA Incident Entry.*



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