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:			🗅 Leade	er 🛭 Parent	☐ Other:	
Reporting person:						
Location of incident:						
Specific area where incident occurr	ed:					
Cause of incident:						
Program/event/adventure code:						
Did the incident occur while transpo	rting to/from an a	activity? 🗖 Ye	es 🗅 No			
Comments:						
8						
	Individua	ils Involved	(Dunlicate	if Needed)		
Name:	marrada	iio iiivoivea	(Duplicate	ii Necucu)		
First		Middle		Last		
City Home phone:	Cell phone:	State	1	Zip		
DOB:						
Scouting role:						
Type of injury or property damage: _						
Nas medical treatment given at sce						
Medical disposition (transported to h	iospital, etc.):					

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



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Witnesses

Name:									
	First	Middle	Last						
Address:									
	City	State	Zip						
Home phone:_		Cell phone:	Work phone:						
Others									
Name:									
	First	Midd	lle L	.ast					
Address:	City	State	7:						
	•		Zip						
Home phone:		Cell phone:	Work phone:_						
		Property Dar	mage (if applicable)						
Property or veh	icle make/model/y	ear:							
Color:		License plate No.:							
		Driver Contact In	formation (if applicable)						
Name:	First	Middle	Last	_					
A.1.1			Lasi						
Address:	City	State	Zip						
Home phone:		Cell phone:	Work phone:						
			·						
Additional info	rmation:								
Information gath	nered at scene by								
Contact informa	tion:								

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