Incident Reporting Tool

General Incident Details

***Required Fields**

*Incident Date: _____ Incident Time (in 24-hour format): _____

*Report Date: _____

*Date Reported to Council/BSA Location: _____

Reported by Name: _____

Reported by Primary Phone: _____ Reported by Secondary Phone: _____

*Reported by Email: _____

Reported by Address: _____

Reported by City: _____ Reported by State: _____ Reported by Zip Code: _____

*Council/BSA Location: Sequoia Council *Location of Incident: _____

Specific area where incident occurred: _____

Incident Address: _____

Incident City: _____ *Incident State: _____ Incident Zip Code: _____

*Description of Incident (clear/concise/complete facts):

Was an Agency or Authority Notified? ❑ Yes ❑ No Which one(s): _____

Injury/Illness/Damage Information

*Claimant Name: _____

Claimant Address: _____

Claimant City: _____ *Claimant State: _____ Claimant Zip Code: _____

Claimant Primary Phone: _____ Claimant Secondary Phone: _____

Claimant Email: _____

Claimant Date of Birth: _____ Age of Claimant: _____

*General Classification (Cub Scout/Registered Leader/etc.): _____

Chartered Organization: _____

*Property Damage? ❑ Yes ❑ No Describe: _____

*Adventure/Program/Event: _____

Cause/Nature/Injury Detail: _____

*If medical treatment was provided, please describe: _____

If transported by air/ambulance, please describe: _____

*Are Accident and Sickness forms provided or filed? ❑ Yes ❑ No ❑ Unknown

If certificate of insurance has been provided, please describe: _____

If there is/was a contract for this event, please describe: _____

Did the event occur while transporting to/from activity? ❑ Yes ❑ No ❑ Unknown

Vehicle Involved (Duplicate if needed)

*Owner of vehicle: _____ VIN: _____

License State: _____ Vehicle make/model/year: _____

Description of Vehicle Damage:

Weather Conditions: _____

Driver Name: _____

Driver Address: _____

Driver City: _____ Driver State: _____ Driver Zip Code: _____

Driver Phone: _____ Driver Email: _____

Witnesses (Duplicate if needed)

*Witness Name: _____

Witness Address: _____

Witness Email: _____ Witness Primary Phone: _____

Witness Secondary Phone: _____

Witness Type: ❑ Adult ❑ Youth ❑ Unknown

*Witness Name: _____

Witness Address: _____

Witness Email: _____ Witness Primary Phone: _____

Witness Secondary Phone: _____

Attachments such as photos, statements, and this incident report form can be added during online entry and are helpful.

Return this completed form to your council's designated user for entry, or upload into Riskonnect.