

Incident/Accident Report

**SUBMIT TO CUSTOMERCARE@GSWO.ORG WITHIN 24 HOURS AFTER ACCIDENT —
THIS IS NOT A CLAIM**

Name of injured person: _____ Age: _____ Sex: ☐ F ☐ M
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Email: _____

☐ Girl Scouts Troop/Group #: _____ ☐ Girl Scout Volunteer ☐ Non-Girl Scout
☐ Paid Staff Member Position: _____
Name of caregiver if minor: _____
Address: _____ City: _____ State: _____ Zip: _____

Part I: Incident/Accident Information

Date of incident/accident: _____ Time of incident/accident: _____ ☐ a.m. ☐ p.m.
Incident/accident location: _____
Address: _____ City: _____ State: _____ Zip: _____

Description of incident/accident: *(Describe the sequence of events that directly caused the incident/accident. Attach additional pages, if required.)*

Injury/Illness Location & Site: _____
☐ Right ☐ Left ☐ Body Part (please specify): _____

Did the incident/accident occur during a Girl Scout sponsored activity?

☐ Yes
☐ No

Did the incident/accident occur while party was traveling to or from a Girl Scout activity?

☐ Yes
☐ No

Was the injured party participating in an activity at the time of injury?

☐ Yes
☐ No

If so, what activity?

Was any equipment involved in incident/accident?

☐ Yes
☐ No

If so, what kind?

Part II: Witnesses

Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

(continued on next page)

Part III: Treatment Summary

If treatment was given by first aider, doctor, or emergency medical facility, describe below:

Where: _____ By whom: _____

Date: _____ Treatment given/diagnosis _____

If hospitalized, name of hospital: _____

Date: _____ Treatment given/diagnosis _____

Part IV: If Vehicle(s) Involved, Complete the Following

Driver of Vehicle Used for Girl Scout Activity:

Name: _____ Address: _____ Phone: _____

Driver's License #: _____ State of: _____

Vehicle Registration #: _____ License Plate #: _____

Vehicle Insured through: _____

Driver of Second Vehicle:

Name: _____ Address: _____ Phone: _____

Driver's License #: _____ State of: _____

Vehicle Registration #: _____ License Plate #: _____

Vehicle Insured through: _____

Police Report Made By: _____ Was Citation Issued? _____

Part V: Person Completing This Report

Name: _____ Phone: _____

Signature: _____ Date: _____

**PLEASE MAKE A COPY FOR YOUR RECORDS AND SUBMIT COMPLETED FORM TO
CUSTOMERCARE@GSWO.ORG OR DROP OFF AT YOUR REGIONAL CENTER
WITHIN 24 HOURS OF INCIDENT/ACCIDENT**

Girl Scout Staff Member Reviewing This Report:

Name: _____ Position: _____

Region: ☐ Toledo ☐ Lima ☐ Dayton ☐ Cincinnati

Follow-Up Contact Report: _____

Signature: _____ Date: _____

