



Girl Scouts of Cahaba Council

INCIDENT REPORT

To be completed and returned to the Chief Executive Officer in the event of injury, questionable incident or unusual circumstance at a Girl Scout meeting, event or function. If an emergency occurs, follow procedures for "Serious Accident or Emergency."

Date of Incident _____

What happened? (Be specific and objective.) _____

When and where did it happen? (Date, time, exact place) _____

Was anyone injured? No Yes If yes, please provide the following information:

Name of Injured Person 1 _____ Age _____

Troop Number _____ Telephone Number _____

Address _____

Name of Injured Person 2 _____ Age _____

Troop Number _____ Telephone Number _____

Address _____

Name of Injured Person 3 _____ Age _____

Troop Number _____ Telephone Number _____

Address _____

Were Police, Fire, Medical Aid, etc. involved? No Yes If yes, please provide the following information:

| Name/Department | City/County/State | Telephone | Contact Person |
|-----------------|-------------------|-----------|----------------|
|-----------------|-------------------|-----------|----------------|

Cause of Incident or Occurrence: _____

Witnesses – those present to observe the situation (*include name, address and telephone number(s)*):

| Name | Address | Telephone(s) |
|-------|---------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Emergency procedures followed at the time of the incident: _____

What can be done to avoid such incidents in the future? _____

Comments _____

Report Completed By:

Name _____ Girl Scout Position _____
Address _____ Phone _____
Signature _____ Date _____

Attach any other pertinent data (police reports, etc.) and mail to:

Girl Scouts of Cahaba Council
Incident Reports
105 Heatherbrooke Park Drive
Birmingham, AL 35242

