

PRELIMINARY INCIDENT REPORT

Date Prepared _____

Prepared by: _____ Position: _____ Phone: _____

Please state name, addresses, ages, unit, phone numbers, and nature of involvement (injured or sick party, witness, etc.)

1. Involvement _____	2. _____	3. _____
Name _____	_____	_____
Address _____	_____	_____
_____	_____	_____
Age _____ Unit _____	_____	_____
Phone _____	_____	_____
4. _____	5. _____	6. _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did incident occur during employment? _____ If yes, describe _____

The incident took place at: (Check one) a) Unit Activity _____ b) District Activity _____

Date occurred: _____ b) Council Activity _____ c) Other Activity _____

Name of Activity _____

Person supervising activity: _____ Phone No. _____

Exact location of incident: _____

Was a Tour Permit Filed at the Scout Service Center? _____ Permit No. _____ Date filed _____

Was the Scout Executive notified: _____ If so, by whom? _____

Were any outside authorities involved? (Police, ambulance, doctor, hospital, etc.)? _____

If so, whom? (Be specific - give names and phone numbers): _____

Was individual sent home? _____ If yes, how and by whom? _____

Were any unusual circumstances involved? (Severe weather, etc.) _____

Was First-Aid given? _____ If so, by whom? _____

Describe treatment _____

If the incident involved a minor, were the parents notified? _____ If so, by whom? _____

Parents Name, Address, Phone No. _____

Please use the back of this form to PRINT a complete detailed description of the incident. This form is to be sent to:

Attention: Scout Executive
Theodore Roosevelt Council, Boy Scouts of America
544 Broadway

Massapequa, NY 11758-5010