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	r 🗅 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	ctivity? 🗆 Ye	s 🗆 No			
Comments:						
	Individua	ls Involved	(Duplicate i	f Needed)		
Name: First		Middle		Last		
Address:						
City		State		Zip		
Home phone:						
DOB:	Age:	_Unit No.:	C	Council:		
Scouting role:						
Type of injury or property damage:Injured body part:						
Was medical treatment given at sce	ne? □Yes □N	No Type:		300 NO 10 NO 1		
Medical disposition (transported to I	nospital, 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	3	
Name:			
First	Middle	Last	
Address:			
City	State	Zip	
Home phone:	Cell phone:	Work phone:	
	Property Damage (if applicable)	
Property or vehicle make/medal/		Control Contro	
	/ear:		
Color:	License plate No.:		
	Driver Contact Informat	ion (if applicable)	
Name:			
First	Middle	Last	
Address:			
City	State	Zip	100000000000000000000000000000000000000
Home phone:	Cell phone:	Work phone:	
	Contact mormation.		
Additional information:			
nformation gathered at scene by			2015 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
Contact information:			

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