INCIDENT REPORTING

HEART OF AMERICA COUNCIL, BOY SCOUTS OF AMERICA
COMMISSIONER BEST PRACTICE MEMORANDUM, 2015, No. 001 (CBP 15-001)
(Prepared by: Keith Sickendick, Council Commissioner)

I. DESCRIPTION: This best practice provides commissioners guidance for reporting incidents that they witness or that may be reported to them. When in doubt about the application of this policy, commissioners should report an incident to the Scout Executive, the Director of Field Services, or the Director of Support Services, whose contact information is listed at the end of this best practice.

II. BACKGROUND AND NEED SERVED: It is not uncommon for commissioners to be contacted by unit volunteers with questions regarding reporting incidents to the charter organization, law enforcement, state agencies, and/or for purposes of making insurance claims. Commissioners who are actively involved with units and district activities may also witness incidents that may or may not require reporting. This best practice provides commissioners guidance for advising unit volunteers on what, how, and to whom to report various types of incidents. If a commissioner witnesses an event that requires reporting, the commissioner should report as recommended by this best practice.

III. RESPONSIBILITIES:

A. Unit commissioners provide advice and guidance to unit volunteers when they request what, how, and to whom to report incidents. The unit commissioner is not the authority to whom incidents are reported.

B. A witness, that is, one who personally observes or has first-hand information regarding an incident, is generally the best person to report the incident to the appropriate agency or authority. The unit commissioner should avoid receiving the report for transmission to the appropriate authority. Rather, the unit commissioner should encourage the witness or concerned individual to make the report.

C. A unit commissioner who personally observes or has first-hand information regarding an incident should report to the appropriate authority.

IV. PROCEDURES:

A. When a commissioner is a witness or has first-hand knowledge of an incident, the commissioner should report to the appropriate agency or authority as specified under paragraph V.
B. When a volunteer reports an incident to a commissioner or requests guidance from the commissioner, the commissioner should encourage the unit volunteer to make the report in accordance with paragraph V.

C. Witnesses and those with first-hand information should write down all the facts they can recall regarding an incident as soon as possible. As a minimum, witnesses should record who, what, when, where, and how related to an incident as soon as possible. Persons who are not law enforcement professionals should not attempt to intervene in an on-going incident or make any changes to a potential crime scene, except to the extent necessary to render first aide and evacuate those in need of treatment.

V. REPORTING:

A. Crimes Against Property. Generally, the intentional taking without permission, damage, or destruction of the property of another, whether real estate (land and buildings) or personal property (cars, tools, toys, money, and similar items not fixed to real estate), is a potential crime. Crimes against property include embezzlement (theft by one with access) from the unit bank account, theft of unit funds or property, and misuse of unit funds or property, that is, use without consent of the charter organization:

A witness or most knowledgeable unit leader should report to the institutional head and charter organization representative as soon as the potential crime is discovered. Encourage reporting to law enforcement. A commissioner who is a witness should report to law enforcement and the Scout Executive, Director of Field Service, or Director of Support Services. In the event the institutional head or charter organization representative is suspected, report to the Scout Executive, Director of Field Service, or Director of Support Services and law enforcement. If the charter organization is no longer operational report to the Scout Executive, Director of Field Services, or Director of Support Services and law enforcement.

B. Crimes Against People. Generally, a harmful or offensive touching or a threat to touch another, with or without a weapon, and with or without injury or death is a potential crime.

A witness or most knowledgeable unit leader should report to the institutional head and charter organization representative as soon as the potential crime is discovered. Encourage reporting to law enforcement. A commissioner who is a witness should report to law enforcement and the Scout Executive, the Director of Field Services, or Director of Support Services.

C. Possible Child Abuse.

SCOUTING IMPOSES MANDATORY REPORTING: All persons involved in Scouting shall report to local authorities any good faith suspicion or belief that any child is or has been physically or sexually abused, physically or emotionally neglected, exposed to any form of
violence or threat, exposed to any form of sexual exploitation including the possession, manufacture, or distribution of child pornography, online solicitation, enticement, or showing of obscene material. No person may abdicate this reporting responsibility to any other person.

Ensure the child is in a safe environment. Maintain two deep leadership standard at all times. Call 911 if there is a medical emergency or a further threat to the safety of the child.

REPORT:

In Missouri Call:

Missouri Department of Social Services, Children’s Division
1-800-392-3738.
Persons calling from outside Missouri should dial 573-751-3448.
TDD: 1-800-669-8689.

In Kansas Call:

Kansas Department for Children and Families
Kansas Protection Report Center (KPRC) at 1-800-922-5330.

SOME INDIVIDUALS ARE MANDATORY REPORTERS UNDER STATE LAW AND MAY BE SUBJECT TO PROSECUTION FOR FAILURE TO REPORT TO LAW ENFORCEMENT.

Immediately contact the Scout Executive and the Council Youth Protection Staff Advisor. The Scout Executive and the Council Youth Protection Staff Advisor must be notified of a report of suspected child abuse or of any violation of BSA’s Youth Protection policies, including those described in Scouting’s Barriers to Abuse, so he or she may take appropriate action for the safety of our Scouts, make appropriate notifications, and follow-up with investigating agencies.

All allegations should be kept strictly confidential with as few people involved and as little discussion about the matter as possible. All inquiries are referred to the Scout Executive’s office, or the Council Youth Protection Staff Advisor, so that all inquiries receive consistent handling.

D. Insurance Claims. Possible insurance claims can be divided into at least three categories.

1. Damage or Destruction of Property (real estate or personal property)

2. Personal Injury and Death
3. Possible Liability Claims for Injury or Death of Others or Destruction of Property

A witness or knowledgeable unit leader should report to the institution head and/or the charter organization representative.

If the possible claim relates to any incident involving a Scout or Scouter in connection with a Scouting event, contact the Scout Executive, Director of Field Services, or the Director of Support Services.

VI. CONTACTS:

<table>
<thead>
<tr>
<th>Scout Executive</th>
<th>Director of Support Services</th>
<th>Director of Field Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kendrick Miller</td>
<td>Council Youth Protection</td>
<td>Ray Brauer</td>
</tr>
<tr>
<td>Office: 816-569-4980</td>
<td>Staff Adviser</td>
<td>Office: 816-569-4971</td>
</tr>
<tr>
<td>Email:</td>
<td>Home: 816-590-2789</td>
<td>Email:</td>
</tr>
<tr>
<td><a href="mailto:Kendrick.Miller@Scouting.org">Kendrick.Miller@Scouting.org</a></td>
<td></td>
<td><a href="mailto:Ray.Brauer@Scouting.org">Ray.Brauer@Scouting.org</a></td>
</tr>
</tbody>
</table>

VII. FORMS: The following Incident Information Report No. 680-016 is available at [http://bsaseabase.org/home/healthandsafety/forms.aspx](http://bsaseabase.org/home/healthandsafety/forms.aspx) as a fillable Adobe® form. The Youth Protection/Membership Incident Information Form No. 680-676 for reporting suspected child abuse is available at [http://bsaseabase.org/Scouting/Training/YouthProtection.aspx](http://bsaseabase.org/Scouting/Training/YouthProtection.aspx), also as a fillable form. These forms may be used to ensure that all required and necessary information about an incident is captured and reported.

VII. PROPOSED REVISIONS: Please report proposed revisions to the person who prepared this memorandum.
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: ___________________________ [☐ Leader ☐ Parent ☐ Other: ___________________________]
Reporting person: ____________________________________________
Location of incident: _________________________________________
Specific area where incident occurred:

Cause of incident:

Program/event/adventure code: _______________________________________
Did the incident occur while transporting to/from an activity?  ☐ Yes ☐ No
Comments:

Individuals Involved (Duplicate if Needed)

Name: ____________________________________________
First                  Middle                  Last
Address: ____________________________________________
City                  State                  Zip
Home phone: ____________________________ Call phone: ____________________________ Work phone: ____________________________
DOB: ____________________________ Age: ________ Unit No. ________ Council: ________
Scouting role: ____________________________
Type of injury or property damage: ____________________________ Injured body part: ____________________________
Was medical treatment given at scene?  ☐ Yes ☐ No Type: ____________________________
Medical disposition (transported to hospital, etc.): ____________________________

Return this completed form to your council’s designated user for entry into RiskConsole via MyBSA Incident Entry.

BOY SCOUTS OF AMERICA
Incident Information Report

(Witnesses)

Name: __________________________
Address: __________________________
City __________________________ State __________________________ Zip __________________________
Home phone: __________________________ Cell phone: __________________________ Work phone: __________________________

(Others)

Name: __________________________
Address: __________________________
City __________________________ State __________________________ Zip __________________________
Home phone: __________________________ Cell phone: __________________________ Work phone: __________________________

(Property Damage if applicable)

Property or vehicle make/model/year: __________________________
Color: __________________________ License plate No: __________________________

(Driver Contact Information if applicable)

Name: __________________________
Address: __________________________
City __________________________ State __________________________ Zip __________________________
Home phone: __________________________ Cell phone: __________________________ Work phone: __________________________
Passengers: __________________________ Contact information: __________________________

(Additional information: __________________________)

Information gathered at scene by: __________________________
Contact information: __________________________

Return this completed form to your council’s designated user for entry into RiskConsole via MyBSA Incident Entry.

600-016
2010 Printing
Youth Protection/Membership
Incident Information Form
(Allegations of abuse, violations of BSA guidelines or policies, inappropriate behavior by a Scout/Scout leader/parent/other)

Please forward this Incident Information Form and supportive documentation to the Scout executive as soon as practical.

Submitting this form to the Scout executive does not eliminate/discharge your responsibility to immediately stop the behavior at issue and to protect the youth, nor your mandatory reporting of child abuse obligations imposed by state law or the BSA's mandatory reporting of child abuse policy.

Incident date: ______________________  Date incident reported to council: ______________________

Council/BSA location where incident occurred (if applicable): ______________________________________

Incident address: ____________________________________________________________

City: __________________________ State: __________________ Zip: _________________

Report type:  ☐ Suspicion/allegation of abuse  ☐ BSA policy or guideline violation(s)
            ☐ Other inappropriate behavior by a Scout/Scout leader/parent/other

Details of incident: What alleged victim/target/injured party said, what reporter observed/was told, similar or past incidents involving the victim(s)/target(s)/injured party (parties) or violator(s)/offender(s), etc.

________________________________________________________

PERSON FILLING OUT THIS FORM: ________________________________________________________

Scouting position: _________________________________________________________________

Address: _________________________________________________________________________

City: __________________________ State: __________________ Zip: _________________

Phone(s): Primary __________________ Alternate __________________

Email: ________________________________________________

PERSON WHO REPORTED THIS INCIDENT: ______________________________________________

Scouting position: _________________________________________________________________

Address: _________________________________________________________________________

City: __________________________ State: __________________ Zip: _________________

Phone(s): Primary __________________ Alternate __________________

Email: ________________________________________________

The supplemental information sheet can be used to identify other witnesses.
Alleged Victim/Target/Injured Party Information:

☐ Adult      ☐ Youth      ☐ Registered      ☐ Other

__________________________  ____________________________  ____________________________
Council                   Unit                        Chartered organization

__________________________  ____________________________  ____________________________
Name                      DOB                        Age                        Gender

If a youth, parent(s) information: ___________________________________________ Name

Address: ____________________________  City: __________  State: ________  Zip: ________

Phone(s): ____________________________  ____________________________  Email: __________

Primary    Alternate

Parent notified?  ☐ Yes  ☐ No  if yes, by whom? ____________________________ Date/Time ________

Alleged Policy Violator/Offender Information:

☐ Adult      ☐ Youth      ☐ Registered      ☐ Other

__________________________  ____________________________  ____________________________
Council                   Unit                        Chartered organization

__________________________  ____________________________  ____________________________
Name                      DOB                        Age                        Gender

If a youth, parent(s) information: ___________________________________________ Name

Address: ____________________________  City: __________  State: ________  Zip: ________

Phone(s): ____________________________  ____________________________  Email: __________

Primary    Alternate

Parent notified?  ☐ Yes  ☐ No  if yes, by whom? ____________________________ Date/Time ________

Reports:

Was this incident reported to law enforcement?  ☐ Yes  ☐ No  ☐ I don’t know

Name of law enforcement agency: ____________________________

Date reported: ____________________________  Approximate time reported: ____________________________

If applicable, was appropriate children and family services/Child Protective Services agency notified?

☐ Yes  ☐ No  ☐ I don’t know

Name of agency: ____________________________

Date reported: ____________________________  Approximate time reported: ____________________________

Use the Supplemental Information sheet to include additional details.
Supplemental Information
(To be used with the Incident Information Form)

☐ Alleged victim/target/injured party ☐ Alleged policy violator/offender ☐ Witness ☐ Adult ☐ Youth ☐ Registered ☐ Other

_________________________  __________________  ______________  ____________
Name                      DOB                      Age                      Gender

If a youth, parent(s) information:

_________________________  __________________  ______________  ____________
Name                      DOB                      Age                      Gender

Address:

_________________________  __________________  ______________  ____________
Name                      City                      State                    Zip

Phone(s):

Primary  Alternate

_________________________  __________________
Name                      Email

If a youth, parent(s) information:

_________________________  __________________  ______________  ____________
Name                      DOB                      Age                      Gender

Address:

_________________________  __________________  ______________  ____________
Name                      City                      State                    Zip

Phone(s):

Primary  Alternate

_________________________  __________________
Name                      Email

If a youth, parent(s) information:

_________________________  __________________  ______________  ____________
Name                      DOB                      Age                      Gender

Address:

_________________________  __________________  ______________  ____________
Name                      City                      State                    Zip

Phone(s):

Primary  Alternate

_________________________  __________________
Name                      Email

If a youth, parent(s) information:

_________________________  __________________  ______________  ____________
Name                      DOB                      Age                      Gender

Address:

_________________________  __________________  ______________  ____________
Name                      City                      State                    Zip

Phone(s):

Primary  Alternate

_________________________  __________________
Name                      Email

If a youth, parent(s) information:

_________________________  __________________  ______________  ____________
Name                      DOB                      Age                      Gender

Address:

_________________________  __________________  ______________  ____________
Name                      City                      State                    Zip

Phone(s):

Primary  Alternate

_________________________  __________________
Name                      Email

CONFIDENTIAL