



Girl Scouts of Northern California with offices in:
Alameda, Chico, Eureka, Red Bluff, Redding, San Jose,
Santa Rosa, & Ukiah
T (800) 447-4475
www.GirlScoutsNorCal.org

Accident/Injury Report Form

This form is to be used to report any incident, injury or accident.
Fax this completed form along with Mutual of Omaha Claim form to Council Risk Management & Travel
Assistant within 24 hours of incident. Fax to 510-562-3194, 24 hours a day, 7 days a week.

A. Injured Information:

Date of Incident/injury: Time: a.m. p.m.
Location (include complete address) City: State: Zip:
Name of Injured: Age: Male Female
Address: City: State: Zip:
Parent/Guardian Name: Phone: (Include area code)
Parent/Guardian Email Address:

B. Witnesses (attach signed statements)

Name: Phone:
Address: City: State: Zip:
Name: Phone:
Address: City: State: Zip:
Name: Phone:
Address: City: State: Zip:

C. Describe Accident/Injury: (Include part of the body injured)

Blank lines for describing the accident/injury.

D. How did Accident/Injury Occur? (Describe in detail.)

Blank lines for describing how the accident/injury occurred.

Police Report Filed? Yes, Police report #: Police Department: No

E. First Aid

Was first aid given? yes No
If yes, by whom? Where?
Time first aid was administered:
Description of first aid administered:

F. Action Taken

After the incident did the injured: continued activity limited activity went home went to hospital

Girl Scouts of Northern California

If taken to hospital, who took the injured?

Name of Hospital:

Address:

City:

State:

Zip:

Name of Attending Physician:

G. Parent/Guardian Notification

Were parents/guardians notified? Yes No

If yes, how? (Writing, telephone, etc.)

Who notified parent/guardian?

How soon after the incident?

H. Equipment

Was any equipment or object connected with this incident? Yes No

If yes, what?

How did it contribute?

I. Behavior

Did any behavior or activity by injured contribute to the incident/injury? Yes No

If yes, explain.

J. Other contributing Factors? (Please list)

K. Prevention

How could this incident have been prevented?

Submitted by:

Position/Title:

Date:

OFFICE USE ONLY

Date received in the council office:

Date reported to insurance company: