

## Accident/Incident Report

To report an accident during business hours Monday – Friday, call 817-737-7272 or 1-800-582-7272;  
During evenings and weekends, please call our Emergency Line at 682-551-0281.

Report prepared by \_\_\_\_\_ Date prepared \_\_\_\_\_

Title \_\_\_\_\_ Did preparer witness accident/incident?  Yes  No

Date of Accident/Incident \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Person Affected \_\_\_\_\_  Female  Male Home # \_\_\_\_\_

Address \_\_\_\_\_ Work # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

<b>Member:</b> <input type="checkbox"/> Girl <input type="checkbox"/> Adult Volunteer <input type="checkbox"/> Employed Staff
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<b>Non - Member:</b> <input type="checkbox"/> Girl <input type="checkbox"/> Adult Volunteer
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Location of Accident/Incident \_\_\_\_\_ Activity \_\_\_\_\_

Address \_\_\_\_\_

Describe Accident/Incident (use back if necessary) \_\_\_\_\_

If injured, which part of body affected: \_\_\_\_\_

Initial care provided \_\_\_\_\_ By Whom? \_\_\_\_\_

Referred to Doctor or Clinic?  Yes  No

How transported from site?  Ambulance  Friend  Parent  Self  Other \_\_\_\_\_

Did the employee lose any time from work?  Yes  No

Is the employee back at work?  Yes  No If yes, date returned to work? \_\_\_\_\_

Return to work status:  Light  Modified  Regular

Witness \_\_\_\_\_

Witness \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

- ANY accident/incident, whether physical, mental or emotional should be reported to the Supervisor or Adult/Volunteer-in-Charge immediately, includes reports given over the phone from troop leaders, event directors and parents.
- The Supervisor or Adult/Volunteer-in-Charge should complete this Accident/Incident Report and forward one copy to the Finance Office.
- Corrective Actions to be taken \_\_\_\_\_

<b>STAFF USE ONLY</b> Referred to: _____ Date: _____ By: _____ If Staff, date of hire _____
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