

Girl Scouts of Western Washington
Incident Report Form

[This form **must** be sent to GSWW's Finance Department on the **1st business day after the incident.**]
PO Box 900961, Seattle, WA 98109 / 800 767-6845/ Fax: 206.633.5099

Where did the incident occur: _____ Date of Incident: _____ Time: _____

Address (if not a GSWW property): _____

City: _____ State: _____ Zip: _____ Phone: (____) ____-_____

Type of incident:

accident | injury | illness | death | behavioral | other (please specify: _____)

Affected Person's Name: _____ Age: _____ Phone: (____) ____-_____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ (of affected person or parent / guardian)

Parent/Guardian Name: _____ Phone: (____) ____-_____

Address: _____ City: _____ State: _____ Zip: _____

Witnesses / Others Affected: (please attach a separate sheet with names, addresses, phone #, email)

Name: _____ Phone: (____) ____-_____ Email: _____

Name: _____ Phone: (____) ____-_____ Email: _____

Description of Incident (describe location, activity, and step by step sequence of events. **Include a separate sheet with diagram if needed**):

Did the incident result in an injury or illness requiring first aid or medical attention? YES / NO
(if YES, please complete medical attention detail section on back)

If NO, what action was taken: _____

Did the incident result in any property damage: YES / NO
(if YES, please complete property damage detail section on back)

Was any equipment involved in the incident: _____ **What** _____

What (if any) unsafe conditions / behavior contributed to the incident: _____

Which Emergency Procedures followed in responding to this incident?

- Apply First Aid / Call Emergency Medical Services / BOTH (please circle one)
- Report to central office: YES / NO Who reported: _____ To whom: _____
When: _____
- Contact parent/guardian: YES / NO Who contacted: _____ When: _____ How: _____
- Secured scene for safety and further investigation
- Other: _____

Describe any media contact with regard to this incident: _____

MEDICAL ATTENTION DETAIL

Describe Injury or Illness (visible signs/symptoms): _____

Injury classification: (circle one) **SLIGHT** **MODERATE** **SEVERE** **FATAL**
 (req. first aid only) (req. medical attention) (potentially life threatening) (death)

Affected person Refused Medical Treatment: YES / NO **Explanation:** _____

Was First Aid given at the scene: YES / NO **By whom:** _____

What kind: _____

Were Emergency Medical Services (EMS) called: YES / NO **By whom:** _____

Estimated elapsed time between injury and First Aid: _____ **...and arrival of EMS:** _____

Was the affected person moved from the scene for medical care: YES / NO **By whom:** _____

To where: _____

What treatment(s) given: _____

By Whom: _____ **For how long:** _____

Affected person was released to: return to activity / home / parent or guardian / EMS or hospital

Was affected person was taken to a hospital or other medical facility: YES / NO **By whom:** _____

Hospital/Facility Name: _____ **Phone:** (____) ____ - ____ **City:** _____

Name of treating physician: _____ **Date/Time Released:** _____

Insurance Company of affected person: _____ **Phone:** (____) ____ - ____

PROPERTY DAMAGE DETAIL

Property Damaged in Incident: _____

Extent of Damage: _____

Non-GSWW property owner's name: _____ **Phone:** (____) ____ - ____
 (attach separate sheet if multiple owners/contacts)

Owner's Insurance Carrier: _____ **Phone:** (____) ____ - ____

Incident Report Submitted by: _____ **Position Title:** _____

Signature: _____ **Date:** _____

Notified Agency	Date	By Whom	Entered in Log	Date	By Whom
Affected Person's Insurance			OSHA Log		
GSWW Insurance Carrier			GSWW Incident Log		
Worker's Comp / L & I			Property or Site Incident Log		