

Troop/Group# _____ Grade _____ County/Service Unit _____

Leader: _____ H) () _____ W) () _____

Address _____
Street _____ City/State _____ Zip _____

Name of Person Involved _____ Age _____

Name of Parent _____

Address _____
Street _____ City/State _____ Zip _____

Name of Witness _____

Address _____
Street _____ City/State _____ Zip _____

Name of Witness _____

Address _____
Street _____ City/State _____ Zip _____

NOTE: Attach signed statements of witnesses for files.

TYPE OF INCIDENT: _____ Behavioral _____ Accident _____ Epidemic Illness
_____ Security _____ Other: _____

Date: _____ Time: _____ Weather Conditions: _____

Where did it occur?

(Specify location, including location of the injured, witnesses, etc. - Draw a diagram.)

Describe the sequence of activities or events: _____

_____Describe the Injury: _____

The Injury was: _____ Slight _____ Moderate _____ Severe

Emergency procedures followed at the time of the accident/incident _____

By Whom? _____

How much time elapsed between the accident and first aid? _____

Disposition: _____ Continued Activity _____ Sent Home _____ Released to _____
_____ Taken to Hospital _____ By Whom? _____ Date: _____

Name of Hospital: _____

Hospital Address: _____

Name of physician in attendance: _____

Were the parents/guardians notified? _____ In Writing? _____ By Phone? _____ Other? _____

By whom? _____ Date/Time _____

What was the parents' response? _____

Was there any equipment or object connected to the accident? If so, explain. _____

Were there any other contributing factors? If so, explain. _____

Injury prevention steps taken: _____

Others notified (law enforcement, site owner, etc.)

NAME

POSITION

DATE

Submitted By: _____ Date: _____

Position: _____

In the event of any accident or incident at a troop meeting or outing, return this form to your Local Service Center. If medical treatment is given, return this form, along with the insurance form to the Local Service Center. DO NOT mail that form to the Mutual of Omaha. The form must be processed in our office. Please note the sheet should be filled out on both sides. The forms should be completed and mailed within 24 hours of the injury/accident.