



Incident Report

The following Incident Report must be completed within 24 hours of any accident requiring medical attention.

Must be returned: **Troop Support**
Girl Scouts of Greater South Texas
202 E. Madison Avenue
Harlingen, TX 78550

DATE OF INCIDENT _____ TIME _____

PLACE OF INCIDENT _____
Exact Location

INFORMATION ABOUT PERSON INVOLVED: _____
Name Troop#

TYPE OF ACTIVITY AT TIME INCIDENT.

STATE WHAT HAPPENED:

WERE TH POLICE NOTIFIED? _____ YES _____ NO

IF YES, WHAT TOWN _____ REPORT OF POLICE ACTION _____

IF PERSONS WERE INJURED, COMPLETE THIS SECTION

NAMES INJURED STREET, CITY, ZIP TELEPHONE DRIVER'S LICENSE#

1. _____

2. _____

3. _____

NAMES OF WITNESSES STREET, CITY, ZIP TELEPHONE DR LICENSE#

1. _____

2. _____

3. _____

ACTION TAKEN:

BY: _____

IF DAMAGE TO PROPERTY, COMPLETE THIS SECTION

LIST AND IDENTIFICATION OF PROPERTY DAMAGED:

1. _____

2. _____

3. _____

LIST ALL INSURANCE COVERAGE:

COMPANY	ID#	IN WHOSE NAME	FOR
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1. _____

2. _____

3. _____

4. _____

REPORTED TO: _____ TIME: _____

COMMENTS:

SIGNED _____ DATE: _____

ADDRESS _____
Number Street Town

GIRL SCOUT POSITION _____ TROOP# _____