



Accident / Incident Report

Contact the risk manager immediately following a 911 call.
 Mon-Fri 8:30 am – 4:30 pm **614-487-8101** or after hours **614-447-7092**

Email this report with attachments (waivers, permission slips etc.)
 within 24 hours to riskmanager@gsoh.org

Legal Name of Injured Person		Address		Primary Contact Number			
Age	Grade	Girl Member	Troop #	Volunteer	Non-Member		
Name of Parent/Guardian (If Minor)		Address (If different than minor)		Email			
Date of Accident / Incident	Time of Accident / Incident	Were Authorities called? If so when?		Parents/ Guardians	Police	Fire Dept. or Medic	911
Location of Accident / Incident:							
Description of Accident / Incident: Describe the sequence of events that directly caused the accident / incident. (Please provide as much documentation, witness statements etc. as possible. Attach additional pages if necessary)							
When the parent / guardian was contacted, what instructions did they give?							
Action Taken: Describe in detail the actions taken and treatment rendered.							
Witnesses to Accident / Incident							
Legal Name		Address		Telephone		Adult	Minor
Name of Person Making This Report		Report Date		Primary Phone Number			
Name of Person Reviewing Report		Date of Review		Action Taken			