



Accident/Incident Report Form

Take this form and a Mutual of Omaha Claim Form with you to all Girl Scout functions. Please return this completed form and a Mutual of Omaha Claim form to any Service Center after any accident or incident that requires professional attention.

Date of Incident: ____/____/____ Time: _____ a.m. /p.m. Weather: _____

Exact location of incident: _____

Injured person information (if more than one person, please attach additional information)

Name _____ Age _____ M ____ F ____

Permanent Address _____

City _____ State _____ Zip _____ Troop # _____

Telephone (____) _____ Member ____ Guest ____ Staff ____

Was injured party referred to First Aid? _____ Did she/he accept First Aid? _____

If youth injured, parents were called by: _____

Where was injured person taken? _____

By whom? _____ Doctor: _____

(Attach additional information if needed)

Description of incident/accident (What happened?) State what injured party was doing and circumstances leading up to the incident as well as the nature of the incident.

Was the incident/accident at a Girl Scout activity _____ or travel to _____ or from _____ an activity? Please describe Girl Scout activity (troop meeting, field trip- where, event- what, etc...): _____

Was any additional insurance purchased for this event? __No __Plan 2 __Plan 3E __Plan 3P __Plan 3PI

Additional Remarks:

Attached Mutual of Omaha Claim form

Name of Witnesses:

Name _____ Day Telephone (____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Day Telephone (____) _____

Address _____ City _____ State _____ Zip _____

If vehicle(s) were involved complete the following:

1. Name and address of driver of vehicle used for Girl Scout activity:

Name _____ Day Telephone (____) _____

Address _____ City _____ State _____ Zip _____

2. Make and model of vehicle used for Girl Scout activity: _____

Driver's license #: _____ Vehicle license plate #: _____

When troop meets or where they were going to or coming from: _____

3. Name and address of driver of other vehicle:

Name _____ Day Telephone (____) _____

Address _____ City _____ State _____ Zip _____

Driver's license #: _____ State driver's license issued: _____

4. Make and model of Non-Girl Scout vehicle: _____

Vehicle license plate #: _____

Non-Scout vehicle may be seen at: _____

5. Police report was made by: _____ Citation issued? Yes _____ No _____

Police report #: _____

Person completing this form:

Name (print): _____

Day Telephone (____) _____ Email Address _____

Signature: _____ Date: _____

Return this form along with a Mutual of Omaha claim form within 48 hours of incident/accident to:

- Mail to Leadership and Learning Center, RE: Accident/Incident Report, 10008 Dupont Circle Drive East, Fort Wayne, IN 46825
- Or take to either GSNI-M Service Center
- E-mail to frontdesk@gsnim.org

Administrative Use Only:

Girl Scout staff member reviewing this report:

Name (print): _____

Signature: _____ Date: _____

Mutual of Omaha claim form mailed. Date: _____ Initials: _____

Other information:

Keep in Council Permanent records for 7 years for adult or until age 29 for child. Date: _____

Fort Wayne Leadership and Learning Center
 10008 Dupont Circle Drive East
 Fort Wayne, IN 46825
 T: 800-283-4812
 F: 855-422-0084

South Bend Service Center
 1218 East University Drive
 Granger, IN 46530
 T: 800-283-4812
 F: 855-422-0084