



Holyoke Leadership Center
301 Kelly Way
Holyoke, MA 01040
Fax: 413-536-1383

Worcester Leadership Center
115 Century Drive
Worcester, MA 01606

Incident/Accident Report

- 1. This form is for volunteer use and should be completed whenever there is an incident involving: accidents, injury, abuse, security incident, etc. Record information as soon as possible after handling the immediate situation. Record what you have done, to whom you have spoken, and the time, place, circumstances, and other details of the incident. This record should then be faxed or delivered to one of the Girl Scout service centers listed above. Keep a copy for your records.
2. Contact a council representative at 413-584-2602. Leave a message with your name, a brief description of the situation, and a phone number where you can be reached.
3. Don't talk to the media. Ask them to call 413-584-2602.
4. Keep the council representative informed and updated on any further developments.
5. Do not determine or discuss fault.

What happened? Were there any obvious reasons for the accident/incident (i.e. a broken step, a wet floor, weather, altercation, etc.?) Be specific.

Blank lines for describing the incident.

When and where did it happen?

Date: _____ Time: _____ Specific Location: _____

Name of person in charge of group/activity: _____

Phone number(s) where person can be reached: _____

Email address: _____

Were the parents/guardians/emergency contacts of injured persons contacted? [] Yes [] No

If yes, by whom?

Describe their reaction (be specific):

List the name, age, phone number, and the person contacted for each injured person.

Table with 4 columns: Name, Age, Phone Number, Person Contacted (parent/guardian/emergency contact). Contains 4 empty rows.

If parents/guardians/emergency contacts were not contacted, who will make the contact?

- [] Council Representative [] Police [] Other (Specify): _____
[] Person in charge of activity [] Hospital

What arrangements have been made for non-injured participants? _____

Have the parents of the non-injured participants been contacted? [] Yes [] No

If yes, by whom? _____

Witnesses:

Name:	_____	Phone	_____
Address:	_____ City: _____	State:	_____ Zip: _____
Name:	_____	Phone	_____
Address:	_____ City: _____	State:	_____ Zip: _____
Name:	_____	Phone	_____
Address:	_____ City: _____	State:	_____ Zip: _____

Did media arrive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, were photos or video taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	_____	Phone:	_____
Media Affiliation	_____	Address:	_____
		City, State, Zip:	_____
Name:	_____	Phone:	_____
Media Affiliation	_____	Address:	_____
		City, State, Zip:	_____

What authorities were contacted?		
Authority	Contact Person	Phone Number
<input type="checkbox"/> Police	_____	_____
<input type="checkbox"/> Fire	_____	_____
<input type="checkbox"/> Hospital	_____	_____
<input type="checkbox"/> Doctor	_____	_____
<input type="checkbox"/> Ambulance	_____	_____
<input type="checkbox"/> Clergy	_____	_____
<input type="checkbox"/> Other	_____	_____

Was an insurance claim completed? Yes No *Claims must be mailed to the Holyoke Service Center to be processed.*

Additional comments:

Information recorded by:

Printed Name: _____ Date: _____

Signature: _____
