



Girl Scouts of Greater Chicago and Northwest Indiana
 Vernon Hills Regional Service Center
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 www.girlscoutsgcnwi.org

Copies to:
CEO
_____ Finance Director
_____ Group Director
_____ (specify group)

Incident Report Form

Name of victim: _____

Date / time of accident: _____

Name of witness: _____ Daytime phone: _____

Evening phone: _____ Cell phone: _____

Relationship to victim: _____

Troop # _____ VISTA # _____ Community name: _____

Time of day witness can be reached:

What happened? Be specific: _____

When and where did it happen? Date / time, exact place of incident:

What did you do? Be specific: _____

Names of people involved:

Others involved – police, fire, medical aid, etc.

Cause of incident or occurrence (if known). If automobile or bus was involved, give details regarding owners/operators.

Action taken:

Report completed by: _____

Position: _____

Date: _____