

INCIDENT REPORT

All reports of accidents, incidents, injuries or leadership problems are to be sent to the Patriots' Path Council Office on this form.

DATE: _____

NAMES/ADDRESSES OF PERSON(S) INVOLVED:

1. _____

2. _____

Phone: _____

Phone: _____

Date of Birth: _____

Date of Birth: _____

Unit Type: Pack Troop Crew # _____

Unit Type: Pack Troop Crew # _____

Parent(s) Name: _____

Parent(s) Name: _____

(Attach list of additional names if necessary)

TYPE OF INCIDENT:

() Sickness: _____

() Theft: _____

() Accident: _____

() Fire: _____

() Lost Person: _____

() Storm: _____

() Alcohol/Drugs: _____

() Leadership Problem: _____

() Other: _____

LOCATION:

() Mt. Allamuchy Scout Reservation
() Camp Somers
() Camp Wheeler

() Camp Winnebago
() Camp Sabattis
() Cub Day Camp

() Location in Camp: _____

Location: _____

() Other: _____

INCIDENT HAPPENED DURING:

() Summer Camp Program

() Short Term Camping Trip

() Day Hike

() District/Council Activity: _____

() Scheduled Meeting of

() Tiger Group

() Cub Den

() Webelos Den

() Cub Pack

() Patrol Meeting

() Troop Meeting

() Explorer Meeting

() Venture Crew

() Other Meeting: _____

() Was Tour Permit filed? Yes _____ No _____ Copy Attached Yes _____ No _____

Date of Incident: _____

Day of Week: _____

Time of Incident: _____

() AM

() PM

Witness (s):

1. _____

2. _____

Phone: _____

Phone: _____

DESCRIPTION OF INCIDENT:

INJURIES (if any):

FIRST AID GIVEN (if any):

Contacted: () Police () Fire () Ambulance () Council Service Center
() Unit Leader () Chartering Partner: _____
() Parents: _____
() Family Doctor: _____

DAMAGE OR LOSS OF PROPERTY (if any): _____

RECOMMENDATIONS FOR PREVENTION OF THIS INCIDENT:

NAME/TITLE/SIGNATURE OF PERSON FILING REPORT:

Name: _____ Title: _____ Unit # _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please mail completed form to Patriots' Path Council, 222 Columbia Turnpike, Florham Park, NJ 07932.