

List any WITNESSES

Name	Address	Phone Number

ACCIDENT DESCRIPTION

What was the injured person doing at the time of the accident?

Did the accident occur at a Girl Scout event? (circle one)
YES NO

Describe how the accident occurred.

What caused the accident?

Draw a diagram of the site of the accident.

ACCIDENT/INCIDENT SITE CONDITIONS (if applicable)**INDOOR CONDITIONS**

Type of Lighting
(describe)

Quality of Lighting
Poor
Good
Excellent

Type of Floor
(describe)

Concrete
Carpet
Tile
Wood
Other _____

Condition of Floor
(describe)

Dry
Wet
Worn/Damaged
Freshly Waxed
Other _____

OUTDOOR CONDITIONS

Weather Conditions
(describe)

Clear Snow Rain
Sleet Other _____

Visibility
(describe)

Daylight Dark Clear
Fog Other _____

Type of Surface
(describe)

Concrete/Asphalt Grass/Ground
Curbing Stairs/Ramp
Other _____

Condition of Surface
(describe)

Dry
Wet/Standing Water
Icy/Snowy
Hole/Damaged Surface
Other _____

PERSON COMPLETING THIS REPORT

Name (please print): _____ Position _____

Telephone Number: () _____ Date _____

Other Comments: