



**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:



# ACCIDENT/INCIDENT LOG

919-782-3021; 800-284-4475

**BRIEF DESCRIPTION OF ACCIDENT/INCIDENT:** This form should be completed by each person who has any involvement with the situation. Please submit to [incidents@nccoastalpines.org](mailto:incidents@nccoastalpines.org) when completed.

Date of Accident/Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Injured Party (please print): \_\_\_\_\_

Person Completing the Form (please print): \_\_\_\_\_ Telephone Number (    ) \_\_\_\_\_

Use this section to record subsequent communication and events relating to the accident/incident. This should include communication from volunteers, staff, insurance, media, and any other parties.

DATE	DETAILED DESCRIPTION OF ACTIONS/COMMUNICATIONS

