

PRELIMINARY ACCIDENT REPORT

UNIT _____ COMMUNITY _____ DISTRICT _____

Name of Injured Person _____ Age _____

Address _____

Telephone _____

Date of accident ____/____/____ Time _____ a.m. _____ p.m.

What were weather conditions? _____

Where was the exact location? _____

How did it happen? (Use reverse side for details) _____

Were there witnesses? _____ If yes, list names: _____

Nature of injury or illness _____

Who gave First Aid? ** _____

Who gave medical care? _____

Doctor's Name, address, signature if medical care was given _____

Was injured person sent home? _____ If so, how and by whom? _____

Hospital Name & Address _____

What can be done to prevent a like occurrence? _____

Report prepared by _____ Date ____/____/____

Unit Leader's Signature _____ Date ____/____/____

** Please record what type of First Aid given on the reverse side of this form.

Note: This form is to be completed and turned in to the Scout Executive within 24 hours of the incident