



ACCIDENT/INJURY REPORT

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Please submit this form no later than two weeks after the incident to the Portland Service Center at 9620 SW Barbur Blvd, Portland, OR 97219.

Date of Incident: _____ Time of Incident: _____ am/pm

Site of Incident: _____

Event: _____

Name(s) of person(s) involved:	Girl / Adult / Staff / Other:
_____	_____
_____	_____
_____	_____
_____	_____

Troop number: _____ Date and time parent/guardian notified: _____

Name of parent/guardian notified: _____ Parent/Guardian Phone #: () _____

By whom? _____ Position: _____

Names and Phone numbers of witnesses (Attach signed statements as to incident):

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Describe incident: (Specify location, what happened and why, activity at time of incident, including location of involved party and witnesses.)

List any equipment involved: _____

Was person injured? Yes No If yes, complete the following:

Describe injury (part of body, type of injury, etc.): _____

Describe treatment given at site: _____

Was injured taken to hospital and/or doctor's office? _____ If so, when: _____

Location: _____

Treatment given there: _____

Name of physician in attendance: _____

Released to: Activities _____ Home _____ Other _____

Comments: _____

Injured person describe accident in own words: (Including: a. location of the incident, b. what I was doing and how the incident occurred, and c. what, if anything, I might have done to avoid this incident.)

Signature of person involved

Date

Signature of Adult/Supervisor

Date