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Incident Information Report

(Events or allegations of injury, illness, or property damage, including employment and issues with directors and officers)

Incident date: _____ Time: _____

Reporting date: _____ Time: _____

Council/BSA location: _____ Leader Parent Other: _____

Reporting person: _____

Location of incident: _____

Specific area where incident occurred:

Cause of incident:

Program/event/adventure code: _____

Did the incident occur while transporting to/from an activity? Yes No

Comments:

Individuals Involved (Duplicate if Needed)

Name: _____

First Middle Last

Address: _____

City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

DOB: _____ Age _____ Unit No.: _____ Council: _____

Scouting role: _____

Type of injury or property damage: _____ injured body part: _____

Was medical treatment given at scene? Yes No Type: _____

LABORATORY INCIDENT REPORT

Document the incident: _____ Today's Date: _____

Health Department Name: _____

Who was involved?

In-house

External, person involved (if any) _____ Organization _____

When did it happen?

Date of incident ___/___/___ Time: _____

How did the incident come to your attention?

Was involved

Reported to me

Other _____

Type of incident:

Clerical/Data Entry Testing Process Other _____

Communications Result Reporting

Proficiency Testing Safety

Describe the incident: (include multiple versions when applicable)

Incident Reported By:

Signature _____ Date _____ Signature _____ Date _____

STATE OF MONTANA
RISK MANAGEMENT & TORT DEFENSE
DEPARTMENT OF ADMINISTRATION
PO BOX 200124 - HELENA, MT 59620-0124
(406) 444-2421 FAX (406) 444-2592

REPORT OF INCIDENT

COMPLETE ONLY THE SECTION THAT APPLIES TO YOUR LOSS

VEHICLE PERSONAL INJURY PROPERTY DAMAGE / OR LOSS

Reporting Person: _____ Job Title: _____
Department: _____ Division: _____ Phone: _____
Date/Time of Incident: _____ Location of Incident: _____

VEHICLE LOSS

ACCIDENT INFORMATION

Were Police Notified? Yes No Police Department Name: _____

Investigating Officer's Name: _____ Investigation Officer's Phone Number: _____

Were Citations Issued? No Yes STATE Vehicle Driver OTHER Vehicle Driver

Weather Conditions: Clear? Rain? Snow? Other? Describe _____

Roadway Conditions: Dry? Wet? icy? Snow packed? Other? Describe _____

Light Conditions: Daylight? Darkness? Dusk? Dawn? Other? Describe _____

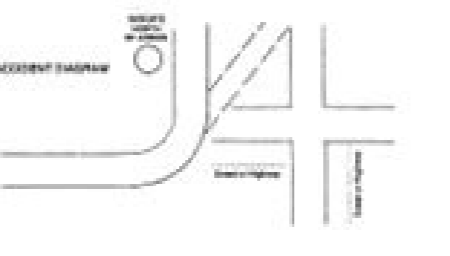
Vehicle Speed: STATE Vehicle? _____ OTHER Vehicle? _____

License No: _____ Attachment No. _____ Attachment No. _____
Est. Repair: _____ Est. Repair: _____

Describe Accident/Incident in detail: _____

Accident Diagram

INDICATE NORTH BY ARROW



(Use blank paper for additional information)

Signature of Driver: _____ Date: _____

STATE VEHICLE INFORMATION

Department Owning Vehicle: _____ Phone No.: _____
Drivers Name: _____ Phone No.: _____

For What Purpose was the Vehicle Being Used? _____

Plate No: _____ VIN No: _____ Make/Model/Year: _____
Location Where Vehicle May Be Seen (Address): _____ Equip. No. _____

