



# INCIDENT REPORT FORM

## 1. REPORT OF AN INCIDENT

THIS STATEMENT TO BE COMPLETED BY THE ACTIVITY LEADER OR THE LINE LEADER OF THE PERSON/S INVOLVED IN THE INCIDENT.

Name of Injured Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/Code: \_\_\_\_\_

Telephone / Mobile: \_\_\_\_\_ Gender: Male / Female

Occupation: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email contact \_\_\_\_\_

**NOTE**  
Please print and attach additional information, if necessary to complete the form  
**ONE FORM PER PERSON**

Injured Person's relationship to the Scout Association:

Youth member:  Joey Scout  Cub Scout  Scout  Venturer Scout  Rover

Leader: Role \_\_\_\_\_  Adult Support  Parent Other \_\_\_\_\_

Membership Number \_\_\_\_\_ Formation/Group \_\_\_\_\_

Location of incident: (Where did the incident occur?) \_\_\_\_\_

Description of activity: (e.g. game, camping) \_\_\_\_\_

Date of incident \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of incident: \_\_\_\_\_ am / pm

Injured person's description of incident: (What happened?) \_\_\_\_\_

Description of apparent injuries: (What are the injuries and what part of the body is affected?) \_\_\_\_\_

Signature of injured person \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Activity Leader: Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Activity Leader: Phone \_\_\_\_\_ Address \_\_\_\_\_

For Office use only

Chief Commissioner advised \_\_\_\_/\_\_\_\_/\_\_\_\_ Initial \_\_\_\_\_ General Manager advised \_\_\_\_/\_\_\_\_/\_\_\_\_ initial \_\_\_\_\_

**THIS FORM, (FOUR PAGES), IS TO BE COMPLETED AND SENT TO THE QUEENSLAND SCOUT CENTRE, P.O. BOX 520 TOOWONG QLD 4066, OR EMAILED TO [scoutsafe@scoutsqld.com.au](mailto:scoutsafe@scoutsqld.com.au) WITHIN SEVEN (7) DAYS OF THE INCIDENT.**



## 2. WITNESS STATEMENTS

Name of Witness: # 1 \_\_\_\_\_

Address: \_\_\_\_\_ P/Code \_\_\_\_\_

Telephone / Mobile \_\_\_\_\_ Membership # \_\_\_\_\_

Email: \_\_\_\_\_

**Witness relationship to the Scout Association:**

Youth member:  Joey Scout  Cub Scout  Scout  Venturer Scout  Rover

Leader: Role \_\_\_\_\_  Adult Support  Parent. Other \_\_\_\_\_

Witness's description of incident: (what happened?) \_\_\_\_\_

Witness location at the time of the incident?: \_\_\_\_\_

What action did you take?: \_\_\_\_\_

Any request or communication from the injured person? \_\_\_\_\_

Signature of Witness # 1 \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Witness: # 2 \_\_\_\_\_

Address: \_\_\_\_\_ P/Code \_\_\_\_\_

Telephone / Mobile: \_\_\_\_\_ Membership # \_\_\_\_\_

Email: \_\_\_\_\_

**Witness relationship to the Scout Association:**

Youth member:  Joey Scout  Cub Scout  Scout  Venturer Scout  Rover

Leader: Role \_\_\_\_\_  Adult Support  Parent  Other \_\_\_\_\_

Witness's description of incident: (what happened?) \_\_\_\_\_

Witness location at the time of the incident?: \_\_\_\_\_

What action did you take?: \_\_\_\_\_

Any request or communication from the injured person? \_\_\_\_\_

Signature of Witness # 2 \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



### 3. ADDITIONAL DETAILS

Indicate the part of body that appears to be injured: Please tick the appropriate box and mark with an arrow on body outline.

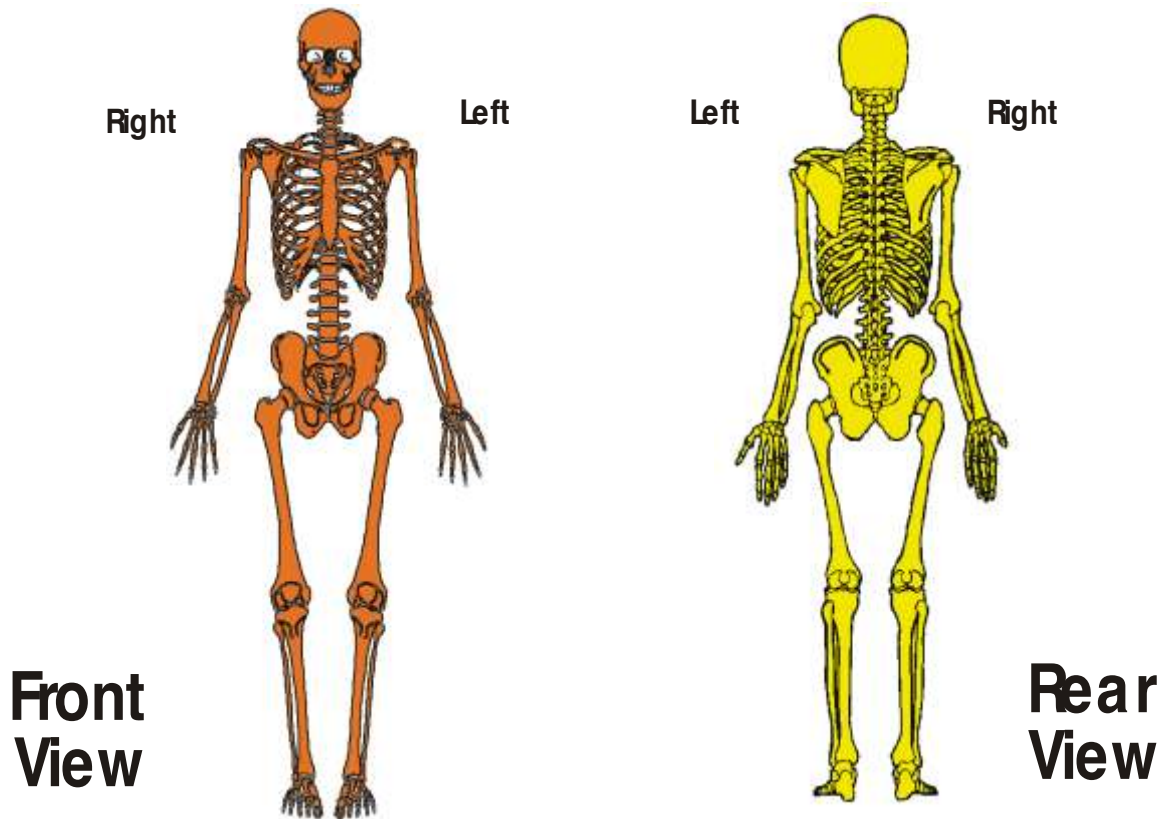
Head/Neck  Arm/Wrist  Head/Eye  Hands/Fingers  Back/Trunk  Leg/Ankle  Feet/Toes

Other (give details) \_\_\_\_\_

Possible Nature of injury: please tick appropriate box

FRacture  DIslocation  SPrain  COncussion  BRuising  SUperficial

BUrn / SCald  LAceration  FI / SEizure  Other (give details) \_\_\_\_\_



Please indicate, on the above. The type of possible injury and location. e.g. **FR** → FRacture

Medical Treatment:

First Aid administered  OR refused  No medical treatment given  Ambulance  Hospital  Doctor

Name & Address of Medical Centre or Hospital \_\_\_\_\_

Please give details of First Aid administered prior to medical treatment \_\_\_\_\_

Name of person/s administering First Aid: \_\_\_\_\_

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