



# REPORT OF ACCIDENT / INCIDENT

Use this form if an incident occurs during a Girl Scout activity or event.  
Email completed form to [customercare@gsmw.org](mailto:customercare@gsmw.org).

- Accident
- Incident

Name of worker/person(s) involved: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

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

Location: \_\_\_\_\_

Time of Accident/Incident: \_\_\_\_\_

\*Accident Reported To: \_\_\_\_\_

Date of Investigation: \_\_\_\_\_

\*Cause of Injury: \_\_\_\_\_

\*Part of Body: \_\_\_\_\_

\*Nature of Injury: \_\_\_\_\_

What Happened? \_\_\_\_\_

Why Did It Happen? \_\_\_\_\_

What Corrective Action Could Be Taken? \_\_\_\_\_

Additional Information/Comments: \_\_\_\_\_

Follow Up Date/Comments: \_\_\_\_\_

\*To be completed for accident reporting only.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_