

RESTARTING SCOUTING

BSA Incident Reporting



BOY SCOUTS OF AMERICA

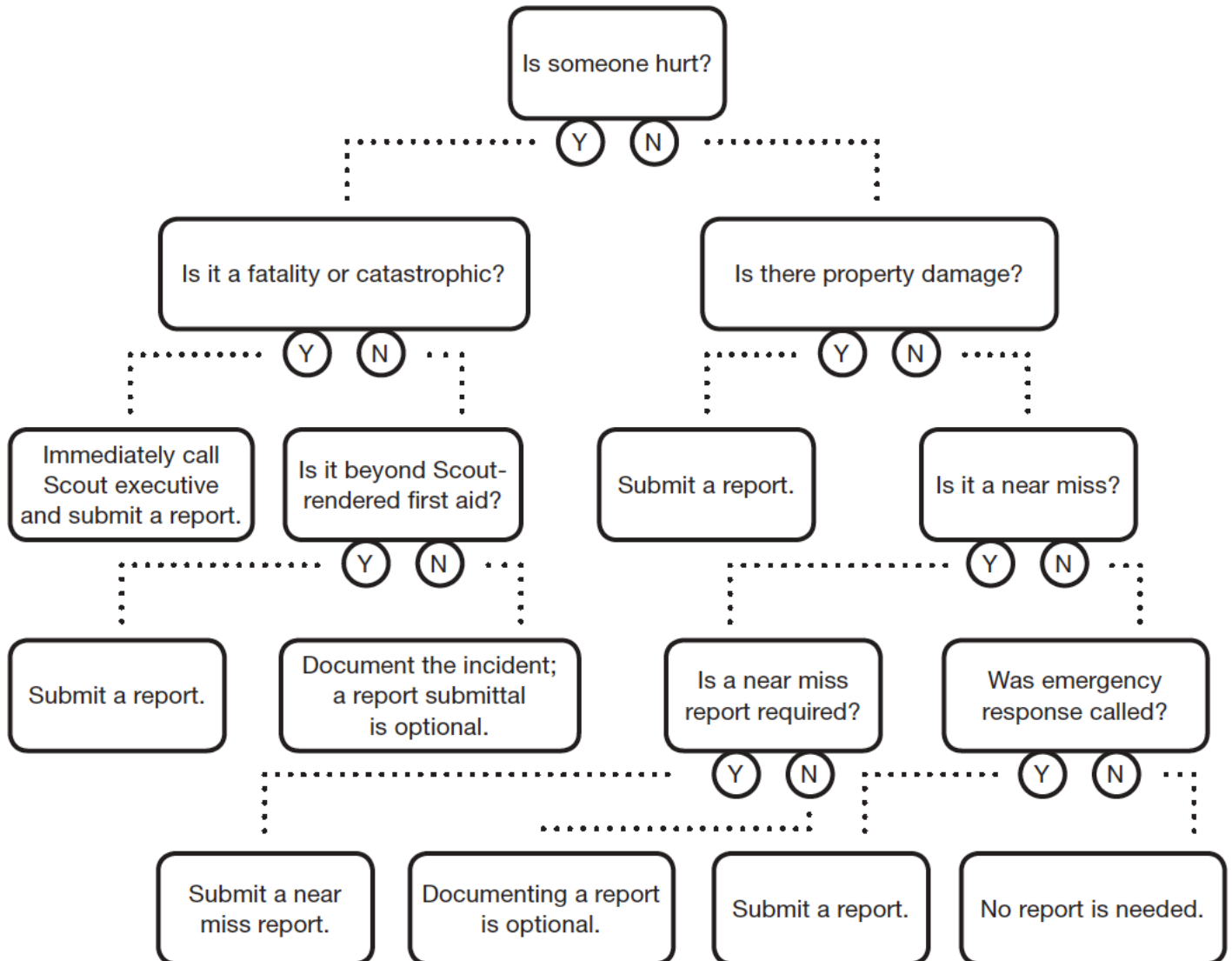
OHIO RIVER VALLEY COUNCIL OF BOY SCOUTS



INCIDENT/NEAR MISS REPORTING

Incident Reporting Tree

(Follow this chart to determine what type of incident you are or are not reporting.)



Based upon your answers, choose which reporting tool is needed to document your incident.
Then submit to the Council Scout Executive.

INCIDENT REPORTING TOOL

(Events or allegations of injury, illness, or property damage, including employment and directors and officer's issues)

General Incident Details

*Required Fields

*Incident Date: _____ Incident Time (in 24-hour format): _____

*Report Date: _____

Date Reported to Council/BSA Location: _____

Reported by Name: _____

Reported by Primary Phone: _____ Reported by Secondary Phone: _____

Reported by Email: _____

Reported by Address: _____

Reported by City: _____ Reported by State: _____ Reported by Zip Code: _____

*Council/BSA Location: _____ *Location of Incident: _____

Specific area where incident occurred: _____

Incident Address: _____

Incident City: _____ *Incident State: _____ Incident Zip Code: _____

*Description of Incident (clear/concise/complete facts):

Was an Agency or Authority Notified? Yes No Whom: _____

Injury/Illness/Damage Information

*Claimant Name: _____

Claimant Address: _____

Claimant City: _____ *Claimant State: _____ Claimant Zip Code: _____

Claimant Primary Phone: _____ Claimant Secondary Phone: _____

Claimant Email: _____

Claimant Date of Birth: _____ Age of Claimant: _____

General Classification (Cub Scout/Registered Leader/etc.): _____

Chartered Organization: _____

Property Damage? Yes No Describe: _____

Adventure/Program/Event: _____

Cause/Nature/Injury Detail: _____

Severity Rating: Catastrophic-I Critical-II Marginal-III Negligible-IV Unknown

If medical treatment was provided, please describe: _____

If transported by air/ambulance, please describe: _____

*Are Accident and Sickness forms provided or filed? Yes No Unknown

If certificate of insurance has been provided, please describe: _____

If there is/was a contract for this event, please describe: _____

Did the event occur while transporting to/from activity? Yes No Unknown

Vehicle Involved (Duplicate if needed)

*Owner of vehicle: _____ VIN: _____

License State: _____ Vehicle make/model/year: _____

Description of Vehicle Damage: _____

Weather Conditions: _____

Driver Name: _____

Driver Address: _____

Driver City: _____ Driver State: _____ Driver Zip Code: _____

Driver Phone: _____ Driver Email: _____

Witnesses (Duplicate if needed)

*Witness Name: _____

Witness Address: _____

Witness Email: _____ Witness Primary Phone: _____

Witness Secondary Phone: _____

Witness Type: Adult Youth Unknown

*Witness Name: _____

Witness Address: _____

Witness Email: _____ Witness Primary Phone: _____

Witness Secondary Phone: _____

Attachments such as photos, statements, and this incident report form can be added during online entry and are helpful. Return this completed form to the Council Scout Executive.

Youth Protection/Membership Infraction

INCIDENT INFORMATION FORM

(Allegations of abuse, violations of BSA guidelines or policies, inappropriate behavior by a Scout/Scout leader/parent/other)

Return the completed form to your council's designated user for entry, or upload to Riskconnect.

Submitting this form (in hard copy or through the online reporting system) does not eliminate your responsibility to immediately stop the behavior at issue and to protect the youth nor your obligations under BSA's mandatory reporting of child abuse and any other obligations imposed by state law.

Incident date: _____ Date incident reported to council: _____

Council/BSA location where incident occurred (if applicable): _____

Incident address: _____

City

State

Zip

Report type: Suspicion/allegation of abuse BSA policy or guideline violation(s)

Other inappropriate behavior by a Scout/Scout leader/parent/other

Details of incident: What alleged victim/target/injured party said, what reporter observed/was told, similar or past incidents involving the victim(s)/target(s)/injured party (parties) or violator(s)/offenders(s), etc.

PERSON FILLING OUT THIS FORM: _____

Scouting position: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): Primary _____ Alternate _____

Email: _____

PERSON WHO REPORTED THIS INCIDENT: _____

Scouting position: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): Primary _____ Alternate _____

Email: _____

Duplicate as needed.

Alleged Victim/Target/Injured Party Information:

CONFIDENTIAL

Adult Youth Registered Other

Council Unit Chartered organization

Name DOB Age Gender

If a youth, parent(s) information: _____
Name

Address: _____
City State Zip

Phone(s): _____ Email: _____
Primary Alternate

Parent notified? Yes No if yes, by whom? _____ Date/Time _____

Alleged Policy Violator/Offender Information:

Adult Youth Registered Other

Council Unit Chartered organization

Name DOB Age Gender

If a youth, parent(s) information: _____
Name

Address: _____
City State Zip

Phone(s): _____ Email: _____
Primary Alternate

Parent notified? Yes No if yes, by whom? _____ Date/Time _____

Reports:

Was this incident reported to law enforcement? Yes No I don't know

Name of law enforcement agency: _____

Date reported: _____ Approximate time reported: _____

If applicable, was appropriate children and family services/Child Protective Services agency notified?

Yes No I don't know

Name of agency: _____

Date reported: _____ Approximate time reported: _____

**Attachments such as photos, statements, and this incident report can be added during online entry and are helpful.
Return this completed form to the Council's Scout Executive.**

NEAR MISS REPORTING TOOL

(A near miss does not result in injury, illness, or damage, by definition, but it had the potential to do so.
This form is a tool to gather information. If an injury has occurred, use the incident reporting tool.)

General Incident Details

*Required Fields

*Incident Date: _____ Incident Time (in 24-hour format): _____

*Report Date: _____

Date Reported to Council/BSA Location: _____

Reported by Name: _____

Reported by Primary Phone: _____ Reported by Secondary Phone: _____

Reported by Email: _____

Reported by Address: _____

Reported by City: _____ Reported by State: _____ Reported by Zip Code: _____

*Council/BSA Location: _____ *Location of Incident: _____

Specific area where incident occurred: _____

Incident Address: _____

Incident City: _____ *Incident State: _____ Incident Zip Code: _____

*Description of Incident (clear/concise/complete facts):

Was an Agency or Authority Notified? Yes No Whom: _____

Near Miss Details

Adventure/Program/Event: _____

General Classification (Cub Scout/Registered Leader/etc.): _____

*Lessons Learned (what could be done to prevent future occurrences):

Severity Rating: Catastrophic-I Critical-II Marginal-III Negligible-IV Unknown

Witnesses

(Use back of form to record other details and witness contact information)