



Troop #

TRAIL LIFE USA®

Adventure › Character › Leadership

INCIDENT REPORT FORM

(Events or allegations of injury, illness, property damage, disruption or other incident of concern)

Trail Life Troop

Charter Organization:

Troop/Charter Organization contact (including phone number and email address):

Incident date

Time

Reporting date

Time

Person witnessing

Leader

Parent

Other

Reporting person

Location of incident

Specific area where incident occurred

Description of incident

Program/event/adventure code

Did the incident occur while transporting to/from an activity?

Yes

No

Comments:

Individuals Involved (Duplicate for all individuals, if needed)

Name

Address

Home phone

Cell phone

Work phone

DOB:

Age:

Unit No

Council

Individual's Role and Connection to TLUSA

Type of injury or property damage

Injured body part

Was medical treatment given at scene?

Yes

No

Type

Medical disposition (transported to hospital, etc

Witness

Name

Address

Home phone

Cell phone

Work phone

Witness

Name

Address

Home phone

Cell phone

Work phone

Property Damage (if applicable)

Property or vehicle make/model/year

Color

License plate No

Driver Contact Information (if applicable)

Name

Address

Home phone

Cell phone

Work phone

Passengers and Contact info

Additional information:

Information gathered at scene by

Contact information

Return this completed form via email to Legal@TrailLifeUSA.com. or via facsimile to (321) 247-7762