



Girl Scouts of Southeastern Michigan

Volunteer Report of Accident or Unusual Incident

Purpose of Form

This form must be completed immediately upon an accident or incident that requires more than routine first-aid care. It is also required when there has been an incident that requires special attention. Use additional sheets of paper if necessary. Submit this form to **fcarr@gssem.org** when completed. Submit appropriate bills and insurance statements with the Mutual of Omaha Claim Form, if applicable.

Emergency Procedure

If an emergency occurs, call 911 immediately. Alert GSSEM at 1-800-482-6734 8:30 AM - 5 PM Monday-Friday, or 800-887-9892 if the incident occurs after business hours. Refer all inquires and media request for information to GSSEM at 1-800-482-6734. Speak only to the police and proper authorities. Do not sign any statements or reports, except for police.

Name of person involved in accident/incident: _____ Girl: _____ Adult: _____

Address: _____ Day Phone: _____

City: _____ State: _____ Zip: _____ Evening Phone: _____

Parent/Guardian name(s) (if applicable): _____ Troop #: _____ District #: _____

Was more than one person was involved in the accident/incident? If so, please list their name(s), address, phone number, parent/guardian name(s) and troop number on a separate document and attach to this report. Yes No

Name of person making report: _____ Volunteer Position: _____

Address: _____ Day Phone: _____

City: _____ State: _____ Zip: _____ Evening Phone: _____

Date of occurrence: _____ Exact time of occurrence: _____

Location of occurrence: _____

Give specific details of what happened (Attach additional pages if needed):

What steps were taken to address the situation:

By whom: _____

Parent/guardian comments/reaction when notified by the adult in charge of the event: _____

List what statements were made and by whom (Attach additional pages if needed):

Others involved with the accident

Witness Name: _____ Phone: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

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Address: _____ City: _____ State: _____ Zip: _____

List others involved (i.e., police, fire department, etc.) _____

Victim transported to the hospital? _____

By whom? _____ Name of hospital? _____

What was the diagnosis? _____

If ambulance/rescue service was called: _____

Name of ambulance/rescue service: _____

Address: _____ City: _____ State: _____ Zip: _____

List any corrective action steps that were taken to prevent the accident/incident from occurring in the future:

Leader's Name: _____ Email: _____

Address: _____ Day Phone: _____

City: _____ Zip: _____ Evening Phone: _____

Signature of leader or event director _____ Date _____

FOR OFFICE USE ONLY

Name staff member who made a follow-up call to the parent/guardian: _____

Position: _____

What were the results of the follow-up phone call? _____
