



Incident Information Report

Incident date: _____ Time of Incident _____ () AM () PM

Date submitted to Patriots' Path Council _____ Date received at Patriots' Path Council _____

Type of Incident:

- () Sickness () Accident () Lost Person () Alcohol/Drugs
() Theft () Fire () Suspicion/allegation of abuse
() BSA policy or guideline violation(s)
() Other inappropriate behavior by a Scout/Scout leader/parent/other
() Other _____

Council/BSA location where incident occurred:

- () Mt. Allamuchy Scout Reservation () Winnebago Scout Reservation () Council Service Center
() Camp Somers () Sabattis Adventure Camp
() Camp Wheeler () Watchung Cub Scout Day Camp

Location in Camp: _____

() Other: _____

Incident Happened During:

- () Summer Camp Program () Short Term Camping Trip
() Day Hike () District/Council Activity: _____
() Scheduled Meeting of:
() Den Meeting () Pack Meeting () Patrol Meeting () Troop Meeting
() Venture Crew Meeting () Explorer Meeting () Other meeting: _____

Details of incident: (use back of form or another sheet of paper if needed)

Multiple horizontal lines for writing details of the incident.



BOY SCOUTS OF AMERICA®
PATRIOTS' PATH COUNCIL

1. Person Involved Youth Adult Male Female

Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Age: _____

Unit Information Pack Troop Crew Post # _____ District _____

If a youth, parent(s) name: _____

Address if different from youth: _____

Parent notified? Yes No If yes, by whom? _____

2. Person Involved Youth Adult Male Female

Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Age: _____

Unit Information Pack Troop Crew Post # _____ District _____

If a youth, parent(s) name: _____

Address if different from youth: _____

Parent notified? Yes No If yes, by whom? _____

Witness(s)

1. Name: _____

Address: _____

Phone: _____ Email: _____

Unit Information Pack Troop Crew Post # _____ District _____

2. Name: _____

Address: _____

Phone: _____ Email: _____

Unit Information Pack Troop Crew Post # _____ District _____



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Reporting person (person filling out this form): _____

Scouting Position: _____

Reporter witnessed incident: Yes No If no, from whom was this information received?

Person Involved Parent Leader

Other (please specify): _____

Reporting person contact information:

Name: _____

Address: _____

Phone: _____ Email: _____

Unit Information () Pack () Troop () Crew () Post # _____ District _____

Please mail completed form to Patriots' Path Council, 1 Saddle Road, Cedar Knolls, NJ 07927

Reviewed by _____ Date _____