



Incident Fact Sheet

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girlscoutshcc.org

Assemble the facts as quickly as possible, verify them, and use them to inform the assigned council staff person.

Date of Incident: _____ Time of Incident: _____ a.m. p.m.

Site of Incident: _____

Street Address: _____
CITY ZIP

Girl Scout Program during which incident occurred:

Troop meeting or activity – Leader name: _____ Troop #/Level: _____

Service Unit activity – Activity name: _____ Service Unit: _____

Day camp – Name of day camp: _____

Other: _____

INCIDENT INFORMATION

1. Describe what happened and how it happened:

2. List the names of who was involved:

3. List the names of any witnesses:

4. Was there injury or illness involved? Yes No (If no, go to Item 5)

Name of first aider that provided care: _____

Describe care given:

Was 911 called? Yes No – If yes, by whom? _____

Time 911 called: _____ a.m. p.m.

Was the victim transported to an emergency facility? Yes No

If yes, where?? _____ If no, did person return to activity?

Yes No

5. Was there any property damage? Yes No

If yes, describe:

6. Describe action taken (other than in item 4):

7. Assigned council staff person contacted: _____

Date: _____ Time: _____ a.m. p.m.

By Whom: _____

8. Report completed:

Date: _____ Time: _____ a.m. p.m.

By Whom: _____

cc: Service Unit Manager or Volunteer Management Specialist