



Girl Scouts of Northeastern New York, Inc.
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SUPPLEMENTAL ACCIDENT REPORT

To be completed for any reported serious accident involving substantial medical care and/or potential major insurance claim.

Name of Injured _____ If child, age _____
Check if adult _____

Address _____
_____ Zip _____

Home Phone _____ Work Phone _____

Name of Parent/Guardian (if child) _____

Date of accident _____ Date Reported _____ Time of accident ____AM _____PM

Describe exact location of accident (name of camp, recreation, business, or other facility; specifically, what part of facility; etc.) _____

If accident occurred outside, describe the specific conditions (rain, snow, ice, wet, dry, warm, cold, sun, clouds, etc.) _____

Please list names of any other persons involved in accident and whether they had injuries.

<u>Name</u>	<u>Injury (if none – so indicate)</u>
_____	_____
_____	_____
_____	_____

Please describe the nature of the injury.

What medical attention was sought or obtained and how quickly was it summoned? (Rescue squad, paramedics; taken to hospital; by whom? etc.)

Please describe clearly how the accident occurred (draw diagram, if helpful).

In your opinion, what was the immediate cause of this accident (what action or failure to act and/or conditions contributed most directly)?

Witness(es)

Name_____ Home Phone_____

Work Phone_____

Name_____ Home Phone_____

Work Phone_____

Any of the above witnesses a relative to the injured? If so, who and what is the relationship?

Name of person completing above portion_____

Home Phone_____ Business Phone_____

THANK YOU for your help and cooperation!!