FOR OFFICE USE ONLY
ACCIDENT REPORTS YEAR

PERMANENT

Accident/Incident Report



	Lafayette 1720 Kaliste Saloom Rd. Suite C-1 Lafayette, LA 70508 F 337 984 2799	Monroe 1830 Tower Drive Monroe, LA 71201	Shreveport 3921 Southern Ave. Shreveport, LA 71106 F 318 868 7560	Alexandria 1101 4th St. Alexandria, LA 71301 F 318 484 4499	Lake Charles 710 W. Prien Lake Rd. Suite 102 Lake Charles, LA 70601 F 318 497 9488
		Call 1.800	.960.2093	www.gslpg.org	
Date of Repo	ort				
DIRECTIONS	: Used to report any acc	ident or incident. Exa	mples include: injury,	child abuse, incident v	vithout injuries, harrassment
					nt. Attach the Girl Scout Permis
Forom (P-518) if accident or incident h	nappened away from	the troop/group meetir	g place.	
Type of incide	ent: 🔲 Behavior	Accident	🗌 Illness 🛛	Other (describe)	
Date of incide	ent:				Hour:a.mp.m
	Day of week	Month	Day	Year	
Name of pers	on involved Last	First	Middle	Age	Sex□Child □Adult
Address				Phor	ne
	Street	City	State	Zip	
Minor's Paren	it or Guardian		Notified on: Date	Time B	y Whom:
If not notified	l, why? ddress and guardians if r	more than one persor	was involved		Atta
				Phone	
	ils of the incident; includ				
				· · ·	
Where did the	e incident occur? Specify	location of witnesses	s and persons involved.	Attach drawing if needed	ł.
Was person p	erticinating in Girl Scout	activity?			
		-			
1	one Number of Witnesse		Р	hone	
2			F	'hone	
Any equipmer	nt involved?	□No If so	o, what kind?		
Emergency pr	ocedures follow at time	of incident or accider	ıt:		
 By whom?					
□An insuranc	e claim form has been fil	led 🛛 🗋 No ii	nsurance claim was file	d	
Submitted by			Position_		Date

Pines to the Gulf/Revised/7/26/2011 F:/MW/Coded Material/P-529-Accident Incident Report