



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.

*Submitting this form to the Scout Executive does not eliminate/discharge your responsibility to immediately stop the behavior at issue and to protect the youth, nor your mandatory reporting of child abuse obligations imposed by state law or the BSA's mandatory reporting of child abuse policy.



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 _____



BOY SCOUTS OF AMERICA®
PATRIOTS' PATH COUNCIL

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 _____