

CAMP ACCIDENT REPORT

Sagamore Council, B.S.A.
P. O. Box 865
Kokomo, IN 46903

Unit #: _____ District: _____ Council: _____

Name of Injured: _____

Address: _____ City, State, Zip: _____

Phone #: () _____ Age: _____

Date of Accident: _____ Time of Accident: _____

Location of Accident (camp & area): _____

Description of Accident: _____

Nature and extent of injury: _____

Where was injured taken after accident: _____

Name of Doctor: _____

Witnesses: (Below)

_____	_____	_____
Name	Name	Name

_____	_____	_____
Address	Address	Address

_____	_____	_____
Phone	Phone	Phone

Reported by: _____ Title: _____

Council Accident Form given to: _____

Note: (If additional space is needed, attach separate sheet.)