

ACCIDENT REPORT FORM

DETAILS OF ACCIDENT									
Region:		Zone:							
Scout Group:		Section:							
Type of Activity:		Activity Location: (Grid Reference)							
Activity Leader		Skills/Experience:							
Weather at the time of Accident:	Fine..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ... Wet Hot <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ... Cold Calm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ... Windy High Vis. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ... Low Vis.	Communication method used to raise help:	<input type="checkbox"/> Mountain Radio <input type="checkbox"/> Avalanche Tr. <input type="checkbox"/> VHF Radio <input type="checkbox"/> Locator Beacon <input type="checkbox"/> Satellite Phone <input type="checkbox"/> Messenger <input type="checkbox"/> None used <input type="checkbox"/> Other						
Number of people on activity:	<table border="1"> <tr> <td>Leaders</td> <td>Participants</td> <td>Others</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Leaders	Participants	Others				Type of Accident:	<input type="checkbox"/> Fatality <input type="checkbox"/> Equipment loss <input type="checkbox"/> Injury <input type="checkbox"/> Equipment damage <input type="checkbox"/> Illness <input type="checkbox"/> Missing/Lost <input type="checkbox"/> Psychological <input type="checkbox"/> Other
Leaders	Participants	Others							
Date of Accident:									
Time of Accident:									

SEVERITY RATING (select one grade of severity).

Major Accident <i>(report submitted to both National Office and Group)</i>	Minor Accident <i>(report submitted to Group only)</i>
10. Extreme <input type="checkbox"/> (multiple fatalities)	5. Medium <input type="checkbox"/> (medium injury/sprain or minor fracture)
9. Grave <input type="checkbox"/> (single death)	4. Modest <input type="checkbox"/> (Lacerations/mild concussion)
8. Severe <input type="checkbox"/> (major injury/long term hospitalisation)	3. Low <input type="checkbox"/> (Blisters/minor dislocation)
7. Major <input type="checkbox"/> (major injury/hospitalisation > 12 hours)	2. Minor <input type="checkbox"/> (Severe sunburn/minor cuts)
6. High <input type="checkbox"/> (major injury/hospitalisation < 12 hours)	1. Minute <input type="checkbox"/> (Splinters/insect bite)

DETAILS OF PERSON INVOLVED (use extra sheets if more than one person).

First Name:		Last Name:	
Age:		Ethnicity:	
Gender:		Evacuation method:	

TYPE OF INJURY SUSTAINED (you may select more than one).

<input type="checkbox"/> Abdominal problem	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Fracture	<input type="checkbox"/> Near-drowning/drowning
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Concussion	<input type="checkbox"/> Frostbite	<input type="checkbox"/> Puncture
<input type="checkbox"/> Allergy	<input type="checkbox"/> Contusion	<input type="checkbox"/> Heat stroke	<input type="checkbox"/> Psychological problem
<input type="checkbox"/> Altitude sickness	<input type="checkbox"/> Eye Injury	<input type="checkbox"/> Hyperthermia	<input type="checkbox"/> Respiratory problem
<input type="checkbox"/> Asthma	<input type="checkbox"/> Eye Infection	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Sprain
<input type="checkbox"/> Blister	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Infection	<input type="checkbox"/> Strain
<input type="checkbox"/> Bruise	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Laceration	<input type="checkbox"/> Other (state)
<input type="checkbox"/> Burn	<input type="checkbox"/> Food poisoning	<input type="checkbox"/> Muscle strain/tear

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CAUSAL FACTORS INVOLVED (you may select more than one).

People		Equipment	Environment
Activity Leader	Participant		
<input type="checkbox"/> Inadequate physical condition	<input type="checkbox"/> Inadequate physical condition	<input type="checkbox"/> No equipment	<input type="checkbox"/> Adverse weather
<input type="checkbox"/> Inadequate mental condition	<input type="checkbox"/> Inadequate mental condition	<input type="checkbox"/> Wrong equipment	<input type="checkbox"/> Poor visibility
<input type="checkbox"/> Inadequate emotional condition	<input type="checkbox"/> Inadequate emotional condition	<input type="checkbox"/> Faulty equipment	<input type="checkbox"/> Terrain
<input type="checkbox"/> Pre-existing condition	<input type="checkbox"/> Pre-existing condition	<input type="checkbox"/> Inadequate equipment	<input type="checkbox"/> Water (rain/rivers etc)
<input type="checkbox"/> Judgment/Leadership error	<input type="checkbox"/> Judgment/Leadership error	<input type="checkbox"/> Other	<input type="checkbox"/> Animal/Insect/Plant
<input type="checkbox"/> Inadequate supervision	<input type="checkbox"/> Inadequate supervision	<input type="checkbox"/> N/A	<input type="checkbox"/> Other
<input type="checkbox"/> Inadequate skills/experience	<input type="checkbox"/> Inadequate skills/experience		<input type="checkbox"/> N/A
<input type="checkbox"/> Failure to follow guidelines	<input type="checkbox"/> Failure to follow instructions		
<input type="checkbox"/> Lack of motivation	<input type="checkbox"/> Lack of motivation		
<input type="checkbox"/> Other	<input type="checkbox"/> Other		

Explanation:

TYPE OF ACTIVITY (you may select more than one).

<input type="checkbox"/> Abseiling	<input type="checkbox"/> Fishing	<input type="checkbox"/> Pioneering	<input type="checkbox"/> Solo trip
<input type="checkbox"/> Archery	<input type="checkbox"/> Flying fox	<input type="checkbox"/> Rafting	<input type="checkbox"/> Surfing
<input type="checkbox"/> Bungy jumping	<input type="checkbox"/> Horse riding	<input type="checkbox"/> River crossing	<input type="checkbox"/> Swimming
<input type="checkbox"/> Bush craft	<input type="checkbox"/> Hunting	<input type="checkbox"/> Rock climbing	<input type="checkbox"/> Tramping
<input type="checkbox"/> Camping	<input type="checkbox"/> Initiative activities	<input type="checkbox"/> Ropes course	<input type="checkbox"/> Transportation
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Sailing	<input type="checkbox"/> Tubing
<input type="checkbox"/> Caving	<input type="checkbox"/> Land yachting	<input type="checkbox"/> Scuba diving/Snorkelling	<input type="checkbox"/> Weekly activity
<input type="checkbox"/> Commando course	<input type="checkbox"/> Mountain biking	<input type="checkbox"/> Sea kayaking	<input type="checkbox"/> Windsurfing
<input type="checkbox"/> Cooking	<input type="checkbox"/> Mountaineering	<input type="checkbox"/> Skiing	<input type="checkbox"/> Waterskiing
<input type="checkbox"/> Cycling	<input type="checkbox"/> Multisport/Adventure Racing	<input type="checkbox"/> Snow boarding	<input type="checkbox"/> Other
<input type="checkbox"/> Field trip	<input type="checkbox"/> Orienteering/Rogaining	<input type="checkbox"/> Snow caving	

Narrative: