



## Scouts Canada Incident Report Form

Report any incident which might lead to a claim against Scouts Canada's insurance policies by:

1. Immediately following the incident, call Scouts Canada at 1-800-339-6643, and select the menu option instructing you to report an incident which might lead to a claim.
2. Follow up by immediately completing and submitting an Incident Report Form to Scouts Canada, 1345 Baseline Road, Ottawa, ON K2C 0A7, preferably by FAX to 613-224-3571.

Failure to notify may result in loss of insurance coverages.

**PLEASE PRINT**

INFORMATION ON THE GROUP		
Group Name:		Section:
INFORMATION ON PERSON IN CHARGE OF THE GROUP		
Name:		
Address:		
Phone numbers:	Home:	Work:
	Fax:	E-mail:
INFORMATION ON THE INCIDENT		
Nature of the activity:		
Place of the activity:		
Date of the incident:		Time of the incident:
Exact location of the incident:		
Weather conditions (if applicable):		
Name of Leader in charge at the time:		
Description of incident *:		
Witness Name:	Home Phone:	Work Phone:
Witness Name:	Home Phone:	Work Phone:
COMPLETE ONLY IF THIS INCIDENT WAS REPORTED TO POLICE		
Police Station Name/Number:		
Police Station Address:		
Name and Phone Number of Officer in Charge:		

<b>INFORMATION ON INJURED PERSON OR OWNER OF DAMAGED PROPERTY</b>		
Name:		Birth date:
Address:		
Phone numbers:	Home:	Work:
<b>Complete this section if this person is a registered member.</b>	Group:	Section:
	Youth member or Adult member	
<b>Please describe nature of injury or property damage: **</b>		
Complete if applicable:	Name of doctor consulted:	Telephone:
Complete if applicable:	Name and address of hospital or clinic:	
<b>REPORTING DETAILS</b>		
<b>This report must be signed by a currently registered Scouting member or a current employee of Scouts Canada.</b>  <b>A copy of this report should also be sent to your local Council Office.</b>	Family Name:	Given Name:
	Position in Scouting:	
	Street:	City:
	Province:	Postal Code:
	Telephone (home):	Telephone (work):
	Fax:	E-mail:
	Signature:	Date:

- \* **If a vehicle was involved, print name, address and telephone number of vehicle owner and vehicle driver (if not the same) on a separate sheet of paper.**
- \*\* **If this report includes a claim for dental services, attach a Standard Dental Claim Form which is available from your dentist. Submission of this report will only constitute an indemnity insurance claim if receipts are attached.**

<p><b>For National Office use only:</b></p> <p><b>REPORT NO.</b> _____</p> <p><b>Forwarded to broker(s) on</b> _____</p> <p><input type="checkbox"/> <b>Liability</b>   <input type="checkbox"/> <b>Indemnity</b></p>
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