



Scouts Canada Incident Report Form

Report any incident which might lead to a claim against Scouts Canada 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: | | |

| INFORMATION ON INJURED PERSON OR OWNER OF DAMAGED PROPERTY | | |
|---|--|-------------------|
| Name: | | Birth date: |
| Address: | | |
| Phone numbers: | Home: | Work: |
| Complete this section if this person is a registered member. | Group: | Section: |
| | Youth member or Adult member ? (Please circle one) | |
| Please describe nature of injury or property damage: ** | | |
| | | |
| | | |
| | | |
| Complete if applicable: | Name of doctor consulted: | Telephone: |
| Complete if applicable: | Name and address of hospital or clinic: | |
| REPORTING DETAILS | | |
| This report must be signed by a currently registered Scouting member or a current employee of Scouts Canada. A copy of this report should also be sent to your local Council Office. | 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.**

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