



# 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 (91-112/00) to Scouts Canada, 1345 Baseline Road, Ottawa, ON K2C 0A7, preferably by FAX to 613-224-5982.
- 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 THE 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:
<b>Complete this section if this person is a registered member:</b>	Group:		Section:
	Youth Member or Adult Member (please circle one)		
<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:		

**REPORTING DETAILS**

<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"/> Liability   <input type="checkbox"/> Indemnity</p>
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