



# Scouts Canada Incident Report Form

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

- 1: If the incident is of a serious nature, immediately calling Scouts Canada at 1-800-339-6643 and selecting the menu option instructing you to report an incident which might lead to a claim.
2. For all incidents including those reported as in 1. above, complete and submit this Incident Report Form to Scouts Canada, 1345 Baseline Road, Ottawa, ON K2C 0A7, preferably by FAX to 613-224-3571, as soon as possible following the incident.
3. Send or give a copy of the Incident Report to your local Council Office.

Failure to notify as outlined above may result in loss of insurance coverage.

## PLEASE PRINT ALL INFORMATION

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 <input type="checkbox"/> Adult member <input type="checkbox"/>	
Date of incident:		
Place and nature of activity:		
Description of incident and nature of injury or property damage (see notes * and ** below.)		
<b>Complete following if applicable:</b>		
Name of doctor consulted:	Telephone:	
Name and address of hospital or clinic:		
Witness Name:	Home Phone:	Work Phone:
Witness Name:	Home Phone:	Work Phone:

INFORMATION ON THE GROUP		
Name of Group:	Section:	
Name of Leader in Charge:		
Address:		
Phone numbers:	Home:	Work:
	Fax:	E-mail:
COMPLETE ONLY IF THIS INCIDENT WAS REPORTED TO POLICE		
Police Station Name/Number:		
Police Station Address:		
Name and Phone Number of Officer in Charge:		

REPORTING MEMBER'S INFORMATION		
<p><b>This report must be signed by a currently registered Scouting member or a current employee of Scouts Canada.</b></p> <p><b>A copy of this report should also be sent to your local Council Office – see instructions on top of this form.</b></p>	Full Name:	
	Position in Scouting:	
	Street:	City:
	Province:	Postal Code:
	Telephone (home):	Telephone (work):
	Fax:	E-mail:
	Signature:	Date:

- \* **If a vehicle was involved, please include name, address and telephone number of vehicle owner and of the vehicle driver, if not the same.**
- \*\* **Submission of this report no later than 30 days from the incident date constitutes notice of a potential claim only. To submit a claim, please attach to this form, or send under separate cover, *original* receipts and/or standard dental claim forms which are available from your dentist. See BP & P, Forms Section 20000, National Indemnity Insurance and National Liability insurance for details on coverage.**

<p><b>For National Office use only:</b></p> <p>Forwarded to broker(s) on _____</p> <p><input type="checkbox"/> Liability <input type="checkbox"/> Indemnity</p>
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