

INCIDENT REPORT



Site/Venue of accident: <i>Exact location overleaf...</i>			
Address:			
Phone:		Fax No:	
		Email:	
Contact Person:			Date of Incident:

Time of Accident:		Horse Name		<input type="checkbox"/> Own Horse
				<input type="checkbox"/> Hired Horse
Weather conditions:				

Staff member(s) in charge of and/or supervising injured party:		Numbers under supervision:		
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INJURED PERSON DETAILS:

Name:				
Address:				
Phone:		Date of Birth:		Experience in riding
				<i>Beginner/moderate/experienced</i>

ACCIDENT OCCURRED WHILE:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Mounting | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Dismounting |
| <input type="checkbox"/> Unmounted activity | <input type="checkbox"/> Jumping in Arena | <input type="checkbox"/> |
| <input type="checkbox"/> Flat work/Dressage | <input type="checkbox"/> Trail Ride | |

INJURY LOCATION:

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Head (Skull, Face, Jaw, Ears) | <input type="checkbox"/> Eyes | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Trunk (Chest, Abdomen, Buttock, Pelvis) | <input type="checkbox"/> Spine | <input type="checkbox"/> Arm (Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb) |
| <input type="checkbox"/> Leg (Hip, Thigh, Knee, Ankle, Foot, Toe) | <input type="checkbox"/> Internal | <input type="checkbox"/> |

INJURY SEVERITY:

- | | | |
|--|---|---|
| <input type="checkbox"/> First Aid (Continued to ride) | <input type="checkbox"/> First Aid (Went home) | <input type="checkbox"/> First Aid (sought medical attention after leaving) |
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Doctor's or Dental Treatment | <input type="checkbox"/> Hospital Treatment (Admittance) |
| <input type="checkbox"/> Fatal | <input type="checkbox"/> | |

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WITNESS DETAILS:

Name:			
Address:			
Phone:		Date of Birth:	
		<input type="checkbox"/> Staff member <input type="checkbox"/> Volunteer/Other rider <input type="checkbox"/>	

ACCIDENT SUMMARY

Description of accident, exact location, observations of signs and symptoms of injuries, treatment and follow up; include times and names of those involved in treatment at all stages.

Signed:

Date:

Please find attached a signed waiver

Please find attached supporting documentation