

CANADIAN PONY CLUB

INCIDENT REPORT

DATE OF INCIDENT:(DD/MM/YY) ____ / ____ / ____

TIME OF DAY: _____ a.m. __ p.m. __

MEMBER'S NAME: _____ DATE OF BIRTH:(DD/MM/YY)____/____/____
MEMBER'S CLUB: _____ F ____ M ____ PC LEVEL ____
PHONE: (____) _____ CELL: (____) _____
EMAIL: _____

DC's NAME: _____
PHONE: (____) _____ CELL: (____) _____
EMAIL: _____

LOCATION OF INCIDENT: _____
PONY CLUB ACTIVITY: Yes ____ No ____ Mounted ____ Unmounted ____
TYPE OF EVENT: Lessons ____ Clinic ____ Competition ____ Other ____ If Competition or Other describe: _____
TYPE OF ACTIVITY: Dressage __ Show Jumping __ Tetrathlon __ Quiz __ Rally __ PPG __ Other: _____
WEATHER CONDITIONS (IF APPLICABLE): _____

MEMBER: REQUIRED NO TREATMENT ____
 REQUIRED TREATMENT, BUT WAS ABLE TO CONTINUE WITH ACTIVITY ____
 REQUIRED TREATMENT, WAS UNABLE TO CONTINUE WITH ACTIVITY ____
BRIEF DESCRIPTION OF INJURY/IES: _____

WAS AMBULANCE CALLED: Yes ____ No ____ IF YES, HOW LONG BEFORE ARRIVAL: _____minutes
NAME OF AMBULANCE SERVICE IN ATTENDANCE: _____
Was any medical attention given to the injured party before arrival of the ambulance?
IF YES, WHO?: _____

DETAILS OF INCIDENT:

PROTECTIVE EQUIPMENT WORN: Helmet ____ Boots ____ Gloves ____ Body Protector Vest ____
WHAT HAPPENED? (Explain in detail – **FACTS ONLY**) _____

What circumstances, if any led up to the incident? (Explain in detail – **FACTS ONLY**) _____

If Incident is Horse related, please give particulars on the horse

NAME OF HORSE: _____ AGE: _____
USE (School, Privately owned, etc.): _____ USUAL TEMPERMENT: _____
Are there any physical problems of the horse that may have contributed to the incident? _____
Indicate the horses experience in the activity: _____
Had the injured party ridden this horse before? _____ If yes, how often? _____
HORSE IS OWNED BY: _____
PHONE: _____ CELL: _____

Did the injured party sign a release, or acknowledgement of risk form, prior to the incident: Yes ___ No ___
If yes, provide a copy of the signed document.

Parents/Guardians/Next of Kin

ON SITE AT TIME OF INCIDENT?: Yes ___ No ___
NOTIFIED: Date:(DD/MM/YY) ___ / ___ / ___ TIME: _____ a.m. ___ p.m. ___
NAME: _____ PHONE: (____) _____
CELL: (____) _____ E-MAIL: _____

Reporting Person

WERE YOU ON SITE AT TIME OF INCIDENT?: Yes ___ No ___
NOTIFIED: Date:(DD/MM/YY) ___ / ___ / ___ TIME: _____ a.m. ___ p.m. ___
NAME _____ TITLE: _____
PHONE: (____) _____ CELL: (____) _____

Witness(es) (please complete and attach witness reports)

NAME _____ PHONE: (____) _____
NAME _____ PHONE: (____) _____
NAME _____ PHONE: (____) _____
NAME _____ PHONE: (____) _____