

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: (____) _____ EMAIL: _____

COACH's NAME (IF APPLICABLE): _____ VOLUNTEER: YES / NO ____

PHONE: (____) _____ EMAIL: _____

COACH's INSURANCE COMPANY: _____

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**) _____

Member's Name _____

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: (____) _____