**Name of State Association, Branch or Club Affiliate:**

**Contact Details:**

|  |  |
| --- | --- |
| Address |  |
| Phone |  |
| Email |  |
| Contact Person |  |

**Site/Venue of Incident/Accident:**

**Date and Time of Incident/Accident**

**Was a rider or other event helper injured? YES NO**

**If yes to above, provide Injured Person Details:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone |  |
| Date of Birth |  |
| Experience in riding |  |

**Accident occurred while:**

[ ]  Mounting [ ]  Cross Country [ ]  Dismounting

[ ]  Jumping in arena [ ]  Unmounted Activity [ ]  Flatwork/Dressage

[ ]  Trail ride [ ]  Other – please detail below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Injury Location:**

[ ]  Head (skull, face, jaw, ears) [ ]  Eyes [ ]  Neck

[ ]  Trunk (chest, abdomen, buttock, pelvis) [ ]  Spine

[ ]  Arm (shoulder, elbow, forearm, wrist, hand, finger, thumb)

[ ]  Leg (hip, thigh, knee, ankle, foot, toe) [ ]  Internal

[ ]  Other – please detail below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Injury Severity:**

[ ]  First Aid (continued to ride) [ ]  First Aid (went home)

[ ]  First Aid (sought medical attention after leaving) [ ]  Ambulance

[ ]  Doctor’s or Dental Treatment [ ]  Hospital Treatment (admittance)

[ ]  Fatal [ ]  Other – please detail below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness Details (repeat as necessary)**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone |  |
| Date of Birth |  |
| Role at event | [ ]  Committee member[ ]  Volunteer/other rider[ ]  Other (specify) |

**Summary of Incident/Accident**

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

**Signed by State Association Committee Member, Branch Member or Affiliate Club representative:**

**Dated: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**