

EQUINE INCIDENT REPORT

BUSINESS NAME: _____

DATE REPORTED: _____

EXACT LOCATION: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

INCIDENT REPORT COMPLETED BY: _____ INCIDENT REPORTED TO: _____

TIME INCIDENT LOCATION INSPECTED: _____ INSPECTED BY: _____

1. INJURED PERSON DETAILS

NAME: _____

ADDRESS: _____

TELEPHONE NO.: (Home) _____ (Business) _____ (Mobile) _____

DATE OF BIRTH: _____ (approx. or guess if unknown) MALE FEMALE

IF INJURED PERSON IS A MINOR, WERE PARENTS/GUARDIANS PRESENT AT TIME OF

ACCIDENT: YES NO

WAS INJURED PERSON Reasonable Upset Aggressive Add relevant comments:

 WALKING STICK GLASSES CARRYING GOODS INTOXICATED OTHER IMPAIRMENTS

2. WITNESS DETAILS (if more than one witness is involved, provide the following information on a separate page for each witness)

ATTACH STATEMENTS OR ADDITIONAL COMMENTS

NAME OF WITNESS: _____

ADDRESS OF WITNESS: _____

TELEPHONE NO.: (Home) _____ (Business) _____ (Mobile) _____

TYPE OF WITNESS: EYE WITNESS TO INCIDENT CIRCUMSTANTIAL WITNESS

RELATIONSHIP TO INJURED PERSON: _____

IF ANOTHER PARTY RESPONSIBLE, PLEASE PROVIDE DETAILS: _____

3. PERSONAL INJURY DETAILS

PART OF BODY INJURED:

Head & Neck Hip Hands/Fingers Eyes or Face Feet & Toes

Shoulder Knee Back & Trunk Arms/Wrists Other

If Other, or multiple, please describe: _____

NATURE OF INJURY:

Multiple Minor Bruise – Not Disabling Concussion/Unconscious (Serious)

Fracture Major Bruising – Disabling Burns/Scalds – requiring medical attention

Sprain Minor Cut/Laceration – no stitches Ligament Damage

Dislocation Cut/Laceration requiring stitches No Apparent Injury

Superficial Minor Concussion Other

If Other, please describe: _____

DESCRIPTION OF and SEQUENCE OF EVENTS LEADING UP TO THE INCIDENT

(as described by injured party)

DESCRIPTION OF INCIDENT

(by you or independent witness)

WAS INJURED PERSON TAKEN TO: TREATMENT BY FIRST AIDER DOCTOR/HOSPITAL AMBULANCE

NAME OF FIRST AIDER/PERSON ATTENDING: _____ CONTACT NO.: _____

OTHER (please describe): _____

IF THIRD PARTY/CONTRACTOR AT FAULT: THIRD PARTY/CONTRACTOR'S NAME: _____

THIRD PARTY/CONTRACTOR'S INSURANCE DETAILS: _____

4. PROPERTY DAMAGE (complete if there is property damage)

ITEM DAMAGED: _____

DETAILS: _____

IF VIEWED AND BY WHOM: _____

PHOTOS TAKEN AND BY WHOM: _____

5. LOCATION OF INCIDENT

- | | | | | | |
|----------------------|--------------------------|----------------|--------------------------|------------------|--------------------------|
| Car Park | <input type="checkbox"/> | Entrance/Exit | <input type="checkbox"/> | Riding Ring | <input type="checkbox"/> |
| Car Park Ramps | <input type="checkbox"/> | Internal Ramp | <input type="checkbox"/> | Clinic/Show Ring | <input type="checkbox"/> |
| Children's Play Area | <input type="checkbox"/> | Eventing Field | <input type="checkbox"/> | Warm Up Ring | <input type="checkbox"/> |
| Stable Area | <input type="checkbox"/> | Paddock | <input type="checkbox"/> | Other | <input type="checkbox"/> |

If Other, please describe: _____

6. EQUINE INFORMATION

HORSE NAME: _____ HORSE AGE: _____

NAME OF HORSE'S OWNER(s): _____

ADDRESS: _____

USE OF HORSE AT THE TIME (i.e. School Horse): _____

DESCRIBE PHYSICAL PROBLEMS OF HORSE THAT MAY HAVE BEEN A CONTRIBUTING FACTOR: _____

INDICATE THE HORSE'S EXPERIENCE IN THIS ACTIVITY: _____

HAD THE INJURED PERSON HANDLED OR RIDDEN THIS HORSE BEFORE: YES NO IF YES, HOW OFTEN: _____

DID THE INJURED PERSON SIGN A RELEASE FORM: YES NO IF YES, ATTACH A COPY

LIST ANY OTHER DETAILS THAT ARE PERTINENT TO THE ACCIDENT: _____

RECORD OF INCIDENT

Video/Closed Circuit

Photo

None

INCIDENT REPORT COMPLETED BY: _____

DATE: _____

SIGNATURE: _____