



EQUINE INCIDENT REPORT

Business Name: _____

Date Reported (DD/MM/YYYY): _____

Exact Location: _____

Date of Incident (DD/MM/YYYY): _____ Time of Incident: _____

Incident Report Completed by: _____ Incident reported to: _____

Time incident Location Inspected: _____ Inspected by: _____

1. Injured Person Details:

Name: _____

Address: _____

Residence Phone: _____ Cell Phone: _____

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: _____

Residence Phone: _____ Cell Phone: _____

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):



EQUINE INCIDENT REPORT

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.: _____

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 Damage: _____

Details: _____

If viewed any by whom: _____ Photos taken and by Whom: _____

5. Location of Incident:

Car Park Entrance/Exit Riding Ring Car Park Ramps Internal Ramp Clinic/Show Ring Children's Play Area

Eventing Field Warm Up Ring Stable Area Paddock Other If other, please describe: _____

6. Equine Information:

Horse Name: _____ Age of Horse: _____

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: _____

List any other details that are pertinent to the accident: _____

Record of Incident: Video/Closed Circuit Photo None

Incident report completed by: _____

Signature: _____ Date: _____