



## Report Form for Incidents and Accidents



### Section 1: Your Details

Name\* \_\_\_\_\_  
Telephone\* \_\_\_\_\_

Email\* \_\_\_\_\_  
Role \_\_\_\_\_

### Section 2: Where and when did it happen?

Venue Name\* \_\_\_\_\_  
Approx. Time \_\_\_\_\_

Date \_\_\_\_\_

#### Where did it happen?

Enclosed field ☐ Outdoor arena ☐ Classroom/Hall ☐ XC course ☐ Stable/yard ☐  
Off road hacking/Road hacking ☐ Show Ground ☐ Lorry/Car park ☐ Camp site/field ☐  
Indoor arena ☐ Other ☐

#### Weather Conditions

Sunny ☐ Windy ☐ Cloudy ☐ Snowy ☐ Rainy ☐ Icy ☐ Other ☐

#### Details of Accident:

### Section 3: Who was involved?

Name\* \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Branch\* \_\_\_\_\_ Membership no/bib no \_\_\_\_\_  
Next of Kin name\* \_\_\_\_\_ Tel. \_\_\_\_\_  
Email \_\_\_\_\_

#### Was the Person....

Participating ☐ Volunteering ☐ Spectating ☐ Coaching ☐ Official/Stewarding ☐  
Fence Judge ☐ Groom/Helping ☐ Arena Party ☐ Third Party ☐ Other ☐

#### What Happened?

Mounted Fell off ☐ Kicked/impact by horse ☐ Unmounted -crush/impact ☐ Unmounted -lifting ☐  
Mounted-Horse, Slip,trip, fall ☐ Unmounted - slip, trip, fall ☐ Bitten by horse ☐ Other ☐

#### Details of Injury

Not Applicable ☐ Bruising ☐ Internal injuries ☐ Crush Injuries ☐  
Head injury ☐ Illness ☐ Cut/laceration ☐ Sprain/strain ☐ Injury to bones /fracture ☐  
Unknown ☐ Other ☐ Dislocation ☐

#### Location of Injury

Not Applicable ☐  
Head ☐ Stomach ☐ Rh finger(s) ☐ Right Leg ☐ Rt ankle ☐ Eyes ☐  
Neck ☐ Shoulder ☐ Lh finger(s) ☐ Left Leg ☐ Lt ankle ☐ Ears ☐  
Back ☐ Right arm ☐ Rt hand ☐ Rt wrist ☐ Nose ☐ Unknown ☐  
Ribs ☐ Left arm ☐ Lt hand ☐ Lt wrist ☐ Mouth ☐ Other ☐

#### Who attended to the injured person?

First Aider ☐ Ambulance ☐ Name of First Aider \_\_\_\_\_  
Doctor ☐ Air Ambulance ☐ /Medical Officer \_\_\_\_\_  
Paramedic ☐ Other ☐ Telephone Number \_\_\_\_\_  
Email \_\_\_\_\_

Was the injured person allowed to continue? Yes ☐ No ☐

Was the injured person taken to/advised to be taken to hospital? Yes ☐ No ☐

Did the injured person have suspected or confirmed concussion? Yes ☐ No ☐

## Section 4: Type of Activity

Ridden Rally ☐ Competition ☐ Hack ☐ Team Training ☐ Camp ☐

Social Event ☐ Unmounted Care/Education ☐ Social Event ☐ Other ☐

## What Type of Sport/Activity was taking place?

Dressage/flatwork ☐ Polo ☐ Tetrathlon/Tri - Shoot ☐ Games/organised activity ☐

Endurance ☐ Polocrosse ☐ Tetrathlon/Tri -Ridden ☐ Stable Management ☐

Eventing - D ☐ Pony Racing ☐ Tetrathlon/Tri - Swim ☐ Free Play ☐

Eventing - SJ ☐ Show Jumping ☐ Tetrathlon/Tri -Run ☐ Other ☐

Eventing - XC ☐ Mounted Games ☐ Cross Country ☐

## Was the person riding/handling a horse/pony?

Yes ☐ No ☐

## Were they?

Wearing a properly secured riding hat? Yes ☐ No ☐

Was it tagged? Yes ☐ No ☐

Wearing a body protector? Yes ☐ No ☐

Wearing an air jacket? Yes ☐ No ☐

## Section 5: Was a Horse involved?

Yes ☐ No ☐

Horse Name \_\_\_\_\_

Was the horse being: Ridden ☐ Tied up ☐ Held ☐ Lunged ☐

Led ☐ Stabled/penned ☐ Groomed/handled ☐ Loaded/unloaded ☐

Loose ☐ Tacked up/untacked ☐ other ☐

To the best of your knowledge, has the horse been involved in a similar accident of this nature? Yes ☐ No ☐

Was the horse/pony injured? Yes ☐ No ☐

Was Veterinary treatment required? Yes ☐ No ☐

Was another horse/pony involved? Yes ☐ No ☐

Description of the accident: \_\_\_\_\_

## Section 6: Was any third party property damaged as a result of the accident?

Yes ☐ No ☐

## What was damaged?

Car ☐ Fencing ☐ Building ☐ horsebox/trailer ☐ Other ☐

Property Owner Name \_\_\_\_\_ Tel no. \_\_\_\_\_

Email \_\_\_\_\_

## Section 6: Witnesses

Name of witness \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_

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Notes: