

Please complete for all injury accidents, damage to property and serious near misses.

Section 1: Your Details

Name* _____ Email* _____

Telephone* _____ Role _____

Who was the event organised by? _____

Section 2: Where and when did it happen?*

Venue Name* _____ Date* _____

Approx. Time* _____

Where did it happen?*Enclosed field Outdoor arena Lorry/Car park Classroom/Hall Hacking - on/off road Indoor arena XC course Show Ground Camp site/field Stable/yard Other+ **Weather Conditions***Sunny Windy Cloudy Snowy Rainy Icy Other+ **Details of Accident:****Section 3: Was anyone injured as a result of the accident?***Yes No **If no, go to section 4**

Name* _____ Date of Birth _____

Branch _____ Membership no _____

Next of Kin name _____ Tel. _____

Email _____

Was the injured Person*Participating Volunteering Spectating Coaching Official/Steward Fence Judge Groom/Helping Arena Party Third Party Other+ **What Happened?***Mounted fell off Mounted-Horse, Slip,trip, fall Unmounted -crush/impact Unmounted -lifting Bitten by horse Unmounted - slip, trip, fall Kicked/impact by horse Other+ **Details of Injury***Bruising Dislocation Internal injuries Crush injuries Illness Cut/laceration Injury to bones Head injury Unknown Other+ Sprain/strain /fracture /concussion**Location of Injury***Head Stomach Right finger(s) Right Leg Right ankle Eyes Neck Shoulder Left finger(s) Left Leg Left ankle Ears Back Right arm Right hand Rt wrist Nose Unknown Ribs Left arm Left hand Left wrist Mouth Other+ **Who attended to the injured person?***Name of First Aider
/Medical Officer* _____First Aider Ambulance Doctor Air Ambulance Paramedic Other+

Telephone Number _____

Email _____

Please explain 'Other' here: +

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: About the Activity*

Type of Activity*

Ridden Rally Competition Hack Team Training Camp

Social Event Unmounted Care/Education Other+

What Type of Sport/Activity was taking place?*

Dressage 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 Flatwork

Eventing - XC Mounted Games Cross Country Other+

Was the injured person riding/handling a horse/pony?* Yes No **If no, go to section 5**

If yes, 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 in the Accident?* Yes No **If no, go to section 6**

Horse Name _____

Was the horse being: Ridden Tied up Lunged

Led Stabled/penned Held Loaded/unloaded

Loose Tackedup/untaked Other+ Groomed/handled

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 **If no, go to section 7**

What was damaged?

Car Fencing Building Horsebox/trailer Other+

Property Owner Name _____ Tel no. _____

Email _____

Details of damage:**Section 7: Witnesses**

Name of witness _____ Tel: _____

Email: _____

Section 8: Has the suggestion of a claim been made?* Yes No