

## **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)

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DESCRIPTION OF INCIDENT

(by you or independent witness)

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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**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: \_\_\_\_\_