



## EQUINE INCIDENT REPORT

EVENT 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: \_\_\_\_\_ MALE FEMALE  
(approx. or guess if unknown)

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:

<u>Head &amp; Neck</u>	<u>Hip</u>	<u>Hands/Fingers</u>	<u>Eyes or Face</u>	<u>Feet &amp; Toes</u>
<u>Shoulder</u>	<u>Knee</u>	<u>Back &amp; Trunk</u>	<u>Arms/Wrists</u>	<u>Other</u>

If Other, or multiple, please describe: \_\_\_\_\_

NATURE OF INJURY:

<u>Multiple</u>	<u>Minor Bruise – Not Disabling</u>	<u>Concussion/Unconscious (Serious)</u>	<u>Fracture</u>
<u>Minor Concussion</u>	<u>Major Bruising – Disabling</u>	<u>Burns/Scalds – requiring medical attention</u>	
<u>Ligament Damage</u>	<u>Minor Cut/Laceration – no stitches</u>	<u>Cut/Laceration <i>Sprain</i> requiring stitches</u>	
<u>Dislocation</u>	<u>No Apparent Injury</u>	<u>Superficial</u>	<u>Other</u>

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)

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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: \_\_\_\_\_

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THIRD PARTY/CONTRACTOR'S INSURANCE DETAILS: \_\_\_\_\_

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**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**

Parking lot                      Entrance/Exit                      Outdoor Riding Ring                      Bleachers

Dressage Arena                      Indoor Arena                      Eventing Field                      Warm Up Ring

Stable Area                      Paddock                      Other

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