

## **ACCIDENT REPORT FORM**

Was the rider: With horse	one ering accident if  I  ured: No Neither Unhurt ention sough was taken: Yes No	PAS (1998 o	Yes Rider Injured Doctor  No Injured		Hos	Type 3 point Horse Incapacitated pital		None	Showing Jumping  ELL E2001 of 4 point  Both  Killed	or <b>E2016</b>	
Was the rider: With horse Was hat displaced during Was Hat: VG Was the harness secund Did rider/horse fall: Was the rider: Was professional attemption what action was Did rider remount:	one e ring accident 1  ured: No Neither Unhurt ention sough vas taken: Yes	nt:  PAS (1998 o	of horses  No or 2011) 015  Yes Rider Injured  Doctor		Yes SEI AS Hos	Type 3 point Horse Incapacitated	- - - - - -	SNE	Showing Jumping  ELL E2001 of 4 point  Both  Killed	or <b>E2016</b>	
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Was the rider: With horse Was hat displaced dur Was Hat: VG Was the harness secu	one ring accider 1  ured: No Neither	nt: PAS (1998 o	of horses  No or 2011) 015  Yes  Rider		Yes SEI AS	STM F 1163 04a Type 3 point Horse	- a   		Showing Jumping ELL E2001 of 4 point Both	or <b>E2016</b>	
Was the rider: With horse Was hat displaced dur Was Hat: VG Was the harness secu	one ring accider 1  ured: No	nt: PAS (1998 o	of horses No or 2011) 015 Yes		Yes SEI AS	TM F 1163 04a	- a		Showing Jumping ELL E2001 of 4 point	or <b>E2016</b>	
Was the rider: With horse Was hat displaced du Was Hat: VG	one e ring accide 1 □	nt: PAS (1998 o	of horses No or 2011) 015	_ _	Yes SEI AS	STM F 1163 04a	- a 🗆		Showing Jumping	□ or <b>E2016</b> □	
Was the rider: With horse Was hat displaced du	one e ring accide	nt:	of horses		Yes		_		Showing Jumping		
Was the rider: With horse	one e	_	of horses		_			_	Showing	_	
Was the rider: With	one			oup [		Flatwork			Showing	_	
Trus the horse. Ridax	- •									_	
Was the horse: Ridde	en		Led by wa	lker [	<b>J</b>	Led by rider			Loose		
ORGANISER'S	REPOR	T (Please	tick the a	ppro	priate b	oxes)					
Had the person involv	ved ridden t	this horse / p	ony before;	if so he	ow often?						
	•										
Address (if different f	•										
Owner of horse / pon											
Name of horse / pony											
Venue											
•••••											
Address						Age		•••••			
Name of person invol											
•	ved					Time					



## **DESCRIBE THE ACCIDENT IN YOUR OWN WORDS**

Name of Organiser
Signature of Organiser
Names and addresses of witnesses to the accident (Independent bystanders, parents, etc.)
Telephone Numbers
Report of Witnesses (It is important to have reports from as many people as possible, and additional sheets may be attached to this form).
Signature of Witnesses