

ACCIDENT REPORT FORM

Name of Show

Date of accident Time

Name of person involved Age

Address.....

.....

.....

Venue

Landowner.....

Name of horse / pony.....Sex..... Age..... Height.....

Owner of horse / pony

Address (if different from rider).....

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.....

Had the person involved ridden this horse / pony before; if so how often?

ORGANISER'S REPORT (Please tick the appropriate boxes)

Was the horse: Ridden Led by walker Led by rider Loose

Was the rider: With one horse With a group of horses Flatwork Showing Jumping

Was hat displaced during accident: No Yes

Was Hat: VG1 PAS (1998 or 2011) 015 SEI ASTM F 1163 04a SNELL E2001 or E2016

Was the harness secured: No Yes Type 3 point 4 point

Did rider/horse fall: Neither Rider Horse Both

Was the rider: Unhurt Injured Incapacitated Killed

Was professional attention sought: Doctor Hospital None

If none what action was taken:.....

.....

Did rider remount: Yes No

Was the horse injured: No Injured Killed/destroyed

Description of location: Practice Area Indoor school Outdoor arena

Lorry Park Collecting Ring

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.)

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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