

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)

.....

.....

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: BSI 1384 PAS015 ASTM F 1163

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

Please return to:

British Showjumping, Meriden Business Park, Copse Drive, Meriden, West Midlands, Cv5 9RG
info@britishshowjumping.co.uk / Tel: 02476 698800 / Fax: 02476 696685



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

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