



**To be completed when accident/illness/incident occurs with a copy to be retained by the Club and a copy returned to the State Office**

**PONY CLUB WHERE ACCIDENT/ILLNESS/INCIDENT OCCURED:**

Club Name: <input style="width:90%;" type="text"/>		
Address: <input style="width:90%;" type="text"/>		
Phone: <input style="width:20%;" type="text"/>	Fax No: <input style="width:20%;" type="text"/>	Email: <input style="width:60%;" type="text"/>
Contact Person: <input style="width:40%;" type="text"/>	Date of Accident: <input style="width:20%;" type="text"/>	
Time of Accident/Incident: <input style="width:15%;" type="text"/>	Where did accident/incident occur: <input style="width:70%;" type="text"/>	
Weather conditions: <input style="width:90%;" type="text"/>		
Person in Charge of Group: <input style="width:20%;" type="text"/>	Number under supervision: <input style="width:20%;" type="text"/>	Senior Official of the day: <input style="width:50%;" type="text"/>

**DETAILS OF INJURED OR ILL PERSON (if applicable):**

Name: <input style="width:90%;" type="text"/>			
Address: <input style="width:90%;" type="text"/>			
Phone: <input style="width:20%;" type="text"/>	Fax No: <input style="width:20%;" type="text"/>	Date of Birth: <input style="width:20%;" type="text"/>	<input style="width:40%;" type="text"/>

**ACCIDENT ACTIVITY:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Mounting                       | <input type="checkbox"/> Dismounting         | <input type="checkbox"/> Trail Ride            |
| <input type="checkbox"/> Flat work Riding               | <input type="checkbox"/> Jumping             | <input type="checkbox"/> Cross Country         |
| <input type="checkbox"/> Unmounted Activity             | <input type="checkbox"/> Grounds Maintenance | <input type="checkbox"/> Equipment Set/Pack up |
| <input type="checkbox"/> Other - If other please detail |  |  |

Risk Warning date signed:

**INJURY LOCATION:**

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> Head (Skull, Face, Jaw, Ears)            | <input type="checkbox"/> Eyes     | <input type="checkbox"/> Neck   |
| <input type="checkbox"/> Trunk (Chest, Abdomen, Buttock, Pelvis)  | <input type="checkbox"/> Spine    | <input type="checkbox"/> Arm (Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb) |
| <input type="checkbox"/> Leg (Hip, Thigh, Knee, Ankle, Foot, Toe) | <input type="checkbox"/> Internal | <input type="checkbox"/> Other If other please detail below:                        |

**INJURY SEVERITY:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> First Aid (Continued to ride) | <input type="checkbox"/> First Aid (Went home)        | <input type="checkbox"/> First Aid (sought medical attention after leaving) |
| <input type="checkbox"/> Ambulance                     | <input type="checkbox"/> Doctor's or Dental Treatment | <input type="checkbox"/> Hospital Treatment (Admittance)                    |
| <input type="checkbox"/> Fatal                         | <input type="checkbox"/> Other -                      |   |

**DETAILS OF NEAR MISS:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Horse kicked out at rider                 | <input type="checkbox"/> Horse kicked out at another horse | <input type="checkbox"/> Other incident involving a horse _____                                       |
| <input type="checkbox"/> Rider gear failure – please specify _____ | <input type="checkbox"/> Problem with grounds _____        | <input type="checkbox"/> Was action taken to prevent further incident? Tick for yes<br>____/____/____ |
| <input type="checkbox"/> Other _____                               | <input type="checkbox"/> Follow up date _____              |   |



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**WITNESS DETAILS:**

Name:	<input type="text"/>		
Address:	<input type="text"/>		
Phone:	<input type="text"/>	Fax No:	<input type="text"/>
Email:	<input type="text"/>		

Name:	<input type="text"/>		
Address:	<input type="text"/>		
Phone:	<input type="text"/>	Fax No:	<input type="text"/>
Email:	<input type="text"/>		

**ACCIDENT/ILLNESS/INCIDENT SUMMARY:**

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**ACTION TAKEN:**

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**PREVENTATIVE ACTION TAKEN to prevent a similar accident/incident:**

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<b>Signed:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
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This is not an official insurance Claim Form; any insurance claim must be made by the injured party.