

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:80%;" type="text"/>		Date of Accident: <input style="width:20%;" type="text"/>
Time of Accident/Incident: <input style="width:20%;" type="text"/>	Where did accident/incident occur: <input style="width:80%;" 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:60%;" 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:60%;" 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 ___/___/___ |
| <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:

ACTION TAKEN:

PREVENTATIVE ACTION TAKEN to prevent a similar accident/incident:

Signed:	<input type="text"/>	Date:	<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.