



## HORSE RIDING CLUBS ASSOCIATION OF VICTORIA INC. INCIDENT REPORT

**PLACE WHERE INCIDENT OCCURED:**

|  |  |   |   |
|--|--|---|---|
| Place:   | <input style="width: 90%;" type="text"/>           |   |   |
| Address:   | <input style="width: 90%;" type="text"/>           |   |   |
| <input type="checkbox"/> Private Property        | <input type="checkbox"/> Commercial Venue          | <input type="checkbox"/> Club Grounds             | <input type="checkbox"/> Other (specify) <input style="width: 150px;" type="text"/> |
| Phone <input style="width: 150px;" type="text"/> | Fax No: <input style="width: 150px;" type="text"/> | Email: <input style="width: 150px;" type="text"/> |   |
| Contact Person:                                  | <input style="width: 200px;" type="text"/>         | Date of Incident:                                 | <input style="width: 100px;" type="text"/>  |

|                           |  |
|---------------------------|--|
| Time of Incident:         | <input style="width: 80px;" type="text"/>  |
| Weather conditions:       | <input style="width: 600px;" type="text"/> |
| Person in Charge:         | <input style="width: 300px;" type="text"/> |
| Number under supervision: | <input style="width: 50px;" type="text"/>  |

**INJURED PERSON DETAILS:**

|                                 |  |                |  |
|---------------------------------|--|----------------|--|
| Name:                           | <input style="width: 90%;" type="text"/>   |                |  |
| Address:                        | <input style="width: 90%;" type="text"/>   |                |  |
| Membership Number:              | <input style="width: 150px;" type="text"/> | Phone:         | <input style="width: 150px;" type="text"/> |
|                                 |  | Date of Birth: | <input style="width: 100px;" type="text"/> |
| Indemnity Signed?      YES / NO |  |                |  |

**TYPE OF ACTIVITY:**

- ☐ Club instructional rally or clinic
 ☐ HRC AV competition
 ☐ Other – please detail

**ACCIDENT ACTIVITY:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Mounting or dismounting | <input type="checkbox"/> Handling of horse | <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"/> Obstacles (3PE)   | <input type="checkbox"/> Other – please detail |

**INJURY LOCATION:**

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

|  |   |   |
|--|---|---|
| <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 – please detail        |   |

Name:

Address:

Phone  Fax No:  Date of Birth:

## This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**This is not an official insurance claim form. Any insurance claim must be made by the injured party. Club to retain original. Copy to be forwarded to the HRCav.**