



## HORSE RIDING CLUBS ASSOCIATION OF VICTORIA INC.

# INCIDENT REPORT

PLACE WHERE INCIDENT OCCURRED									
<b>Place:</b>									
<b>Address:</b>									
<b>Private Property</b>		<b>Commercial Venue:</b>		<b>Club Grounds</b>		<b>Other (Specify)</b> _____			
<b>Contact Person</b>									
<b>Phone:</b>				<b>Email:</b>					
INCIDENT DETAILS									
<b>Date Of Incident</b>						<b>Time Of Incident</b>			
<b>Weather Conditions:</b>									
<b>Person In Charge</b>						<b>Number Under Supervision:</b>			
INJURED PERSON DETAILS									
<b>Name:</b>									
<b>Address:</b>									
<b>Membership No:</b>			<b>DOB:</b>			<b>Phone:</b>			
<b>In the case of a Concussion Injury, was a Concussion Injury Advice Issued?</b>									
Yes			No			N/A			
<b>Person Nominated To Assist Rider</b>						<b>Phone</b>			
ACCIDENT PARTICULARS									
<b>Type of Activity</b>									
Club Instruction Rally/Clinic			HRC AV Competition			Other(details)			
<b>Accident Activity</b>									
Mounting/Dismounting		Handling Of Horse			Trail Ride				
Flat Work		Jumping			Cross Country				
Un-mounted Activity		Obstacles (3PE)			Other				
Injury Location									
Head (Skull, Face, Jaws, Ears)			Spine			Neck			
Trunk (Chest, Abdomen, Buttocks, Pelvis)			Eyes			Internal			
Arm (Shoulder, Elbow, Forearm)			Wrist/Hand/Finger/Thumb			Leg (Hip,Thigh,Knee)			
Foot/Toe			Other (Please Detail):						
Injury Severity									
First Aid - Continued To Ride			First Aid - went home			First Aid –medical attention after leaving			
Ambulance			Doctor’s/Dental Treatment			Hospital Admittance			
Fatal			Other (please detail)						

WITNESS DETAILS			
Name:			
Phone		Email	
Address:			
INCIDENT SUMMARY			

Signed:

Date:

*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 HRC AV.*