



ACCIDENT/INCIDENT REPORT

Please complete in case of accident or incident and return to info@appaloosa.org.au as soon as possible after the event.

DATE:

Name of Club where accident occurred:

Organisation: _____

Address: _____

Phone: _____ Email: _____

Contact Person: _____

Injured Person Details:

Name: _____

Address: _____

Phone: _____ Email: _____

Date Of Birth: _____

Accident Details:

Date: _____ Time: _____

Place: _____

Weather Conditions: _____

Staff in charge: _____

Number under Supervision: _____

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"/> Other (please specify) _____ | |

Injury Location:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Head (Skull, Face, Jaw, Ears) | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Trunk (Chest, Abdomen, Buttock, Pelvis) | <input type="checkbox"/> Internal |
| <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"/> Spine |
| <input type="checkbox"/> Other (Please Specify) _____ | |

Australian Appaloosa Association Ltd

info@appaloosa.org.au

ABN: 70 001 558 050

PO Box 8251 East Orange NSW 2800

Website: appaloosa.org.au

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Injury Severity:

- | | |
|---|--|
| <input type="checkbox"/> First Aid (Continued to ride) | <input type="checkbox"/> Ambulance |
| <input type="checkbox"/> First Aid (Sought Medical Attention after leaving) | <input type="checkbox"/> First Aid (Went home) |
| <input type="checkbox"/> Hospital Treatment (Admittance) | <input type="checkbox"/> Doctor's Treatment |
| <input type="checkbox"/> Other (Please Specify) _____ | |

Witness Details:

Name: _____

Address: _____

Phone: _____ Email: _____

Accident Summary:

Name: _____

Signed: _____ Date: _____

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