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:

☐ Mounting
☐ Flat work Riding
☐ Unmounted Activity
☐ Dismounting
☐ Jumping
☐ Other (please specify) _____
☐ Trail Ride
☐ Cross Country

Injury Location:

☐ Head (Skull, Face, Jaw, Ears)
☐ Trunk (Chest, Abdomen, Buttock, Pelvis)
☐ Arm (shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb)
☐ Leg (Hip, Thigh, Knee, Ankle, Foot, Toe)
☐ Other (Please Specify) _____
☐ Neck
☐ Internal
☐ Eyes
☐ Spine

Australian Appaloosa Association Ltd	**info@appaloosa.org.au**
ABN: 70 001 558 050	**PO Box 8251 East Orange NSW 2800**
Website: appaloosa.org.au	**(02) 6765 7969**

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Injury Severity:

- ☐ First Aid (Continued to ride)
- ☐ First Aid (Sought Medical Attention after leaving)
- ☐ Hospital Treatment (Admittance)
- ☐ Other (Please Specify) _____
- ☐ Ambulance
- ☐ First Aid (Went home)
- ☐ Doctor's Treatment

_____

Witness Details:

Name: _____

Address: _____

Phone: _____ Email: _____

Accident Summary:

_____

_____

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Name: _____

Signed: _____ **Date:** _____

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