

Pony Club Accident Report Form

Information on the person completing the form

Name _____ Role _____
 Branch _____ Date of Birth _____
 Email _____ Telephone Number _____

Information on the person involved in the Accident

Name _____ Membership Number _____
 Branch _____ Date of Birth _____
 Email _____ Telephone Number _____

Accident/ Incident details

Type (please circle appropriate)

Injury to Member *Injury to Volunteer* *Injury to third party person*
Injury to animal *Third Party Property Damage*

(please circle appropriate)

Accident (injury) *Incident (No Injury)* *illness* *Near Miss*

Where did the event happen

Date _____ Time _____ Venue _____

Type of Activity Type (please circle appropriate)

Pony Club Ridden Rally *Pony Club Care or Education session* *Pony Club Competition*
Pony Club Camp *Team Training (Ridden)* *Team Training (on foot)*
Social event *Other*

Please Identify the type of activity (please circle appropriate)

Unmounted Theory Dressage/ Flatwork Endurance *Eventing*
 Polo Polocrosse Pony Racing *Showjumping*
 Cross Country Tetrathlon/ Triathlon Mounted Games *Unmounted care*
 Un Mounted – Ground Schooling/ Handling

Where did this happen (please circle appropriate)

Indoor Arena/ Covered *Outdoor arena* *Field* *Cross Country course*
Stable area *Car park* *The road* *Other*
Other (please specify)

Cause of the accident (please circle appropriate)

Fell whilst Jumping *Fell whilst other* *Kicked by horse* *Bitten by horse*
Injured whilst leading *Unmounted Slip/ trip or fall* *Unmounted playing games* *Unmounted impact with an object*
Horse contact with parked vehicle *Horse contact with vehicle on the road* *No horse related injury*
Other (please specify)

Please describe the weather on the day (please circle appropriate)

Sunny *Windy* *Raining* *Cloudy* *Snowy* *Icy*

Was the session supervised?

Yes/ No

Was the First Aid/ Medical cover adequate?

Yes/ No

Medical response (please circle appropriate)

No Medical Treatment *First Aid Treatment* *Ambulance called* *Hospitalised*

Air Ambulance Helicopter attended?

Yes/ No

Injury type (please circle appropriate)

<i>Cut or laseration (treated)</i>	<i>Possible injury to bones/ fracture</i>	<i>Possible head injury</i>	<i>Possible sprain or strain</i>	<i>Illness</i>	<i>Bruising</i>	<i>Electric shock</i>	<i>Internal Injuries</i>
<i>Asphyxiation or drowning</i>	<i>Concussion</i>	<i>Dislocation</i>	<i>Burns-hot or cold</i>	<i>Loss/reduction in sight</i>	<i>Injuries not known</i>	<i>Amputation</i>	<i>Multiple Injuries</i>

Identify location of the injury (tick box)

<i>head</i>	<i>Neck</i>	<i>Back</i>	<i>Right arm</i>	<i>Left arm</i>	<i>chest</i>	<i>Right leg</i>	<i>Left leg</i>
<i>face</i>	<i>ears</i>	<i>eyes</i>	<i>mouth</i>	<i>Nose</i>	<i>Ankle</i>	<i>shoulder</i>	

If Cross Country competition please share the below (If known, Please continue)

Fence number _____

Type of fence _____

If Ridden please share details on the Horse

Name _____ **Age** _____

The horse was (tick appropriate)

Being ridden *Being led or ground schooled* *Loose* *Tied up* *Enclosed (Stable or Pen)*

Loading

Did the horse or pony fall? Yes/ No

Was Veterinary assistance required? Yes/ no

If yes, was the Veterinary Cover adequate? Yes/ No

To the best of your knowledge has the horse or pony been in a similar situation before? Yes/no

Was another horse/ pony involved? Yes/No if yes, name of horse/ pony

Description of accident or incident

Was there witness(s) to the event?

Yes/ No, If yes how many?

Witness Name and contact information for all numbered?

Has a suggestion of a claim been made?

Yes/No