

CANADIAN PONY CLUB
INCIDENT REPORT

Page 1 of 3

DATE OF INCIDENT:(DD/MM/YY) ____ / ____ / ____

TIME OF DAY: _____ a.m. __ p.m. __

MEMBER'S NAME: _____ DATE OF BIRTH:(DD/MM/YY)____/____/____
MEMBER'S BRANCH: _____ F ____ M ____ PC LEVEL ____
MEMBER'S REGION: _____
ADDRESS: _____
CITY: _____ PROV: _____ POSTAL CODE: _____
PHONE: (____) _____ FAX: (____) _____
EMAIL: _____

DC's NAME: _____
ADDRESS: _____
CITY: _____ PROV: _____ POSTAL CODE: _____
PHONE: (____) _____ FAX: (____) _____
EMAIL: _____

LOCATION OF INCIDENT: _____
PONY CLUB ACTIVITY: Yes ____ No ____ Mounted ____ Unmounted ____
TYPE OF EVENT: Lessons ____ Clinic ____ Competition ____ Other ____ If Competition or Other describe: _____
TYPE OF ACTIVITY: Dressage __ Show Jumping __ Tetrathlon __ Quiz __ Rally __ PPG __ Other: _____
WEATHER CONDITIONS (IF APPLICABLE): _____

MEMBER: REQUIRED NO TREATMENT ____
 REQUIRED TREATMENT, BUT WAS ABLE TO CONTINUE WITH ACTIVITY ____
 REQUIRED TREATMENT, WAS UNABLE TO CONTINUE WITH ACTIVITY ____
BRIEF DESCRIPTION OF INJURY/IES: _____

WAS AMBULANCE CALLED: Yes __ No __ IF YES, HOW LONG BEFORE ARRIVAL: _____ minutes
NAME OF AMBULANCE SERVICE IN ATTENDANCE: _____
WAS ANY MEDICAL ATTENTION GIVEN TO THE INJURED PARTY BEFORE ARRIVAL OF THE AMBULANCE
IF YES, WHO?: _____

Distribution: Original to National Office, Copy retained by Branch.

DATE OF INCIDENT:(DD/MM/YY) ____ / ____ / ____

MEMBER'S NAME: _____ DATE OF BIRTH:(DD/MM/YY)____/____/____

DETAILS OF INCIDENT:

PROTECTIVE EQUIPMENT WORN: Helmet _____ Boots _____ Gloves _____ Body Protector Vest _____

WHAT HAPPENED? (Explain in detail – **FACTS ONLY**)

WHAT CIRCUMSTANCES, IF ANY LED UP TO THE INCIDENT? (Explain in detail – **FACTS ONLY**)

DATE OF INCIDENT:(DD/MM/YY) ____ / ____ / ____

MEMBER'S NAME: _____ DATE OF BIRTH:(DD/MM/YY)____/____/____

If Incident is Horse related, please give particulars on the horse

NAME OF HORSE: _____ AGE: _____

USE (School, Privately owned, etc.): _____ USUAL TEMPERMENT: _____

ARE THERE ANY PHYSICAL PROBLEMS OF THE HORSE THAT MAY HAVE CONTRIBUTED TO THE INCIDENT? _____

INDICATE THE HORSES EXPERIENCE IN THE ACTIVITY: _____

HAD THE INJURED PARTY RIDDEN THIS HORSE BEFORE? _____ IF YES, HOW OFTEN? _____

HORSE IS OWNED BY: _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE: _____

DID THE INJURED PARTY SIGN RELEASE, OR ACKNOWLEDGEMENT OF RISK FORM, PRIOR TO THE INCIDENT: Yes _____ No _____ IF YES, PROVIDE A COPY OF THE SIGNED DOCUMENT.

Parents/Guardians/Next of Kin

ON SITE AT TIME OF INCIDENT?: Yes ___ No ___

NOTIFIED: Date:(DD/MM/YY) ____ / ____ / ____ TIME: _____ a.m. ____ p.m. ____

NAME _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE: (____) _____ FAX: (____) _____

Reporting Person

WERE YOU ON SITE AT TIME OF INCIDENT?: Yes ___ No ___

NOTIFIED: Date:(DD/MM/YY) ____ / ____ / ____ TIME: _____ a.m. ____ p.m. ____

NAME _____ TITLE: _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE: (____) _____ FAX: (____) _____

Witness(es) (please complete and attach witness reports)

NAME _____ PHONE: (____) _____

NAME _____ PHONE: (____) _____

NAME _____ PHONE: (____) _____

NAME _____ PHONE: (____) _____

NAME _____ PHONE: (____) _____