Association of Irish Riding Clubs Incident Report Form

Ref: F07/11 **Amended:** 08/07/2015

Name of Show:								
Venue:								
Organising Club / Region								
Date of accident:				Time	e of accident:			
Name of person involved:				Age	Age:			
Address:								
Name of Horse / Pony: _								
Sex:	_	Age:		_	Height	·		
Type of Event:	Show Jumping Jump Cross Other*		Dressag Horse T * Pleas	rials	Hunter			
Weather Conditions:								
Was the horse:	Ridden Loose		Led by walker		Led by rider			
Was the rider:	On foot		Warming up		In competition			
Was the hat displaced du	ring the accident:		Yes		No			
Was the harness secured	l :		Yes		No			
Did the rider / horse fall:	Neither	Rider		Horse		Both		
Was the rider:	Unhurt	Injured		Incapac	citated			
Was professional attenti	on sought:	Onsite p	oersonnel 🗌	Onsite	Doctor 🗌			
			Hospital 🗌	None				
If none, what action was	taken:							
Did rider remount:	Yes		No					
Was the horse injured:	Injured		No					
Description of location:	Parking area		Practise area		Collecting Ring			
	Indoor arena		Outdoor arena		Field			

DESCRIBE THE ACCIDENT IN YOUR OWN WORDS:	
Signature of Organiser/Club Secretary:	Date:
Signature of Safety Officer/Steward:	
signature of Safety Officer/Steward.	Date:
Names, addresses and contact numbers of witnesses (independent bystanders, other ri	ders, etc.):
Report of witnesses:	
It is important to have reports from as many people (i.e. safety stewards, medical personnel, judge, etc) as po Additional sheets may be attached to this form)	ossible.
Additional sheets may be attached to this form,	
Signature of Witness:	Date
orginature of Withess.	Date:

 ${\it Please enclosed photographs of the scene of the incident where possible}$

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