

Incident Report Form

Please complete this form as soon as possible following **any incident outside the sporting field of play** involving damage or injury to person or property..

Submit the completed form and all supporting material to the event organiser ASAP.

Be timely, accurate, complete, confidential, and objective.

1. Basic Information

Date of Incident:
Time of Incident:
Location (sector/area):
Name(s) of person(s) involved:
Role(s) (e.g. rider, crew, spectator):
Name of person reporting:
Contact (phone):

2. Incident Type

- | | |
|--|--|
| <input type="checkbox"/> Medical – Volunteer | <input type="checkbox"/> Safety Hazard |
| <input type="checkbox"/> Medical – Rider | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Medical – Spectator | <input type="checkbox"/> Near Miss |
| <input type="checkbox"/> Horse Injury | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Equipment Failure | |

3. Description of Incident

Provide a factual and detailed account of what occurred. Include the sequence of events, environmental conditions (e.g. weather, footing, damage caused), and any immediate actions taken. Use back of page if necessary.

4. Witnesses (if any)

Name(s): Contact # and email
Name(s): Contact # and email
Name(s): Contact # and email

5. Actions Taken

What was done immediately following the incident? (e.g. first aid, radioed control, area cleared, temporary fix, etc.)

6. Follow-Up Recommendations

(Optional – suggestions to prevent recurrence or improve safety procedures)

7. Photographic Evidence

Photographs must be taken and attached (digital or printed) showing:

- The area where the incident occurred
- Any property involved
- Any property damage
- Any other relevant visual information

If photographs are not available, please explain why:

8. Sign-Off – MUST BE COMPLETED

Signature of Reporter: Date/Time Submitted:	Received By (Name): Signature:
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