



HORSE RIDING CLUBS ASSOCIATION OF VICTORIA INC. INCIDENT REPORT

PLACE WHERE INCIDENT OCCURED:

Place:			
Address:			
Phone:		Fax No:	
Email:			
Contact Person:		Date of Incident:	

Time of Incident:	
Weather conditions:	
Person in Charge:	
Number under supervision:	

INJURED PERSON DETAILS:

Name:			
Address:			
Membership Number:		Phone:	
Date of Birth:			
Indemnity Signed? YES / NO			

ACCIDENT ACTIVITY:

- | | | |
|---|--|--|
| ☐ Mounting | ☐ Dismounting | ☐ Trail Ride |
| ☐ Flat work Riding | ☐ Jumping | ☐ Cross Country |
| ☐ Unmounted Activity | ☐ Other - please detail | |

INJURY LOCATION:

- | | | |
|---|---|--|
| ☐ Head (Skull, Face, Jaw, Ears) | ☐ Spine | ☐ Neck |
| ☐ Trunk (Chest, Abdomen, Buttock, Pelvis) | ☐ Arm (Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb) | ☐ Eyes |
| ☐ Leg (Hip, Thigh, Knee, Ankle, Foot, Toe) | ☐ Internal | ☐ Other - please detail |

INJURY SEVERITY:

- | | | |
|--|---|---|
| ☐ First Aid (Continued to ride) | ☐ First Aid (Went home) | ☐ First Aid (sought medical attention after leaving) |
| ☐ Ambulance | ☐ Doctor's or Dental Treatment | ☐ Hospital Treatment (Admittance) |
| ☐ Fatal | ☐ Other | |

Name:			
Address:			
Phone:		Fax No:	
Date of Birth:			

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Date:

**This is not an official insurance Claim Form. Any insurance claim must be made by the injured party.
Club to retain original. Copy to be forwarded to HRCav**