

ACCIDENT & INJURY REPORT FORM

This form is to be submitted by the competition Steward, Technical Delegate or competition organizing committee
Must be submitted to EC within 24 hours of incident

1. URGENT

- FATALITY
 SERIOUS ACCIDENT / INJURY
 REQUIRES IMMEDIATE ATTENTION FROM EC
 MEDICAL SUSPENSION FROM COMPETITION

Injured Party:
 Person (only)
 Horse (only)
 Person & Horse
 Athlete
 Groom
 Official
 Other: _____

Person Name: _____ EC #: _____

Birth Date (dd/mm/yy): _____ Gender: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Horse Name: _____

Horse Recording #: _____ Horse Age: _____

Owner Name: _____ Phone #: _____

2. Competition Information

Competition Name: _____ Competition #: _____

Date: _____ Time: _____

Location: _____

Organizer: _____ Phone #: _____

3. Incident Description

Possible head injury / concussion and medically suspended from competition
 Other injury: _____

Approved to Compete (Must provide explanation) : _____

Attending Medical Personnel (name) : _____ Phone #: _____

Doctor
 EMT / Paramedic
 Nurse
 Nurse Practitioner
 First Responder
 Veterinarian

Other: _____

4. Treatment

Onsite
 Transported
 None
 Refused
 Personal transport to hospital

Other: _____

By Whom:
 EMT/Paramedic
 Doctor
 Veterinarian
 Spectator
 Official

Name: _____

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5. Location of reported incident

Warm-up Stabling Competition Arena Cross-Country

Other: _____

Type of Class: _____

Name of Class: _____

Type of fence (if applicable): _____

Approximate Dimensions of fence (if applicable): _____

Fence safety features	Safety Cups:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	Frangible:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	Rotational Fall:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

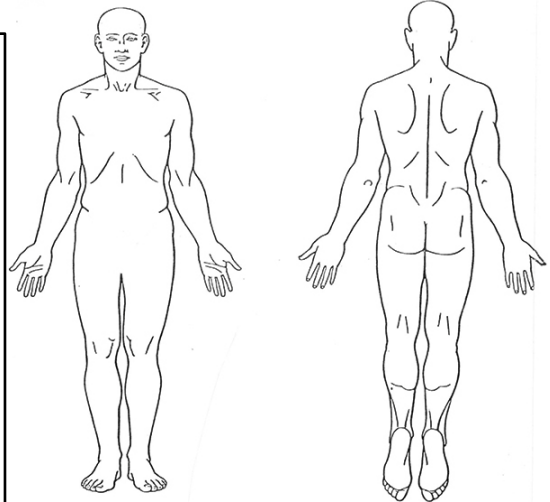
6. Brief description of accident and note any evident symptoms

Please Print

7. Indicate area of Injury to Person

Comments:

Please Print

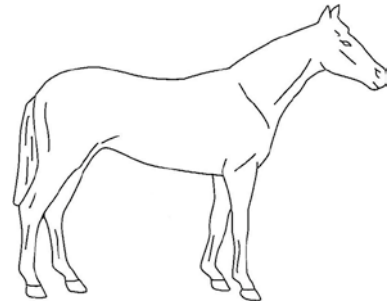


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8. Indicate area of Injury to Horse

Comments:

Please Print



9. Witnesses to Accident:

Were you a witness to the incident? YES NO

**If not, who reported
the incident?**

Name: _____ Phone #: _____

Attach a Witness Report if available or statement from medical officer

Name	Address	Phone #
1.		
2.		
3.		

10. Follow-up:

Name of Steward/TD/OC: _____ Date report completed: _____

Signature of Steward: _____ EC Sport License #: _____

Name of Attending
Medical Professional: _____

Signature of Attending
Medical Professional: _____

If the following occurs:

- The death of a person or horse
- Rider/person/horse is unconscious / has life threatening injury and is transported by ambulance.

Please do the following within 24 hours:

- Email competitions@equestrian.ca with the attached report
- Leave a voicemail at **1-833-251-7038** with a report of the situation and call-back details. You will be contacted within 3hrs if further information is needed by EC or if you leave any questions.