

Accident Report



To be filled out by witness and Ride Manager

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| Date of Event/Ride : | |
| Time of Accident: | |
| Address /GPS of ride : | |
| Person Injured Name and Phone number | |
| Brief Description of Accident | |
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| Name of Equine Involved | |
| Owner of Equine | |
| Rider of Equine | |
| Was First Aid Given? | |
| If Yes, by whom (name)? | |
| Were Paramedics called? | |
| Was the injured person taken to hospital ? | |
| Did the injured person REFUSE medical treatment ? | |
| Any other important information | |
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| Name of person filing the report | |
| Phone number and email | |

