Redlynch Equestrian Association

Accident Report

Date of Accident:	
Time of Accident:	
Weather conditions:	
Activity:	

INJURED PERSON DETAILS:

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

ACCIDENT ACTIVITY:

- ❑ Mounting
- ❑ Flat work Riding
- ❑ Unmounted Activity
- ❑ Dismounting
- ❑ Jumping
- ❑ Other

If other please detail

- ❑ Trail Ride
- ❑ Cross Country

Indemnity Signed? YES /NO

INJURY LOCATION:

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

Other If other please detail

INJURY SEVERITY:

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

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Accident Report

WITNESS DETAILS:

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

ACCIDENT SUMMARY

Signed: **Date:**

This is not an official insurance Claim Form; any insurance claim must be made by the injured party.