

Event Accident Report Form

Club Name:

Club President Name:

Address:

Phone: Email:

Event Chairperson Name:

Phone: Email:

Is Legal action: Possible? Unlikely? Certain?

Incident occurred on at

Event type incident occurred during:

Address location incident occurred:

Onsite location incident occurred:

Incident occurred: Indoors Outdoors

Weather Conditions if Outdoors:

If Indoors, how was the lighting: Dark Sufficient Other:

What was the temperature?

How many people were involved in the incident:

How many involved were minors:

How many people witnessed the incident:

Was an ambulance called? Yes No

Was the use of alcohol or drugs noticed in any way? If yes, describe HOW/BYWHOM:

If any injury resulted, state the nature of medical aid/treatment provided (if any) and by whom:

List the Name, Age, Sex, Address, Phone of the person(s) directly involved with this incident (attach separately if needed)

List the names of any witnesses to the incident and attach to this report with full details as requested in above. Have witnesses sign the report on last page (if possible).

If a person(s) was(were) injured, please state name(s) and brief description of injury:

If person(s) transported to hospital, name hospital injured person(s) attending: If not transported by ambulance, by whom/how were they transported?

Give a description of any equipment or materials which may have caused or been involved in the incident and note any deficiencies in equipment:

Is there anything else of note you would like to include:

Describe the incident in detail (attach additional sheets if necessary): Explain exactly WHAT happened, precise location of WHERE it occurred, WHO was involved, WHEN it occurred, any precipitating circumstances which might have led to the occurrence, and all actions which resulted from the incident in attempting to deal with the incident (i.e., what was done to help or correct the situation).

If possible, provide photographs of the area where the accident occurred.

Witnesses: I hereby verify that I was present and a witness to the incident as reported having occurred at .

| Name | Address | Phone |
|------|---------|-------|
| | | |
| | | |
| | | |

This report is completed and submitted by:

Address:

Phone: Email:

Signature: Date:

Include a copy of this report to the Island Horse Council Office with your Abegweit Series Report Form. Retain a copy of this report for a period of two years following the incident