AUSTRALIAN Quarter Horse ASSOCIATION

ACCIDENT REPORT

AFFINITY

AFFILIATE NAME: _____

Site/Venue of accident:
Exact location overleaf....

Address:

Phone: **Fax No:** **Email:**

Contact Person: **Date of Accident:**

Time of Accident: **Horse Name** ❑ own ❑ hired

Weather conditions:

Staff member(s) in charge of and/or supervising injured party:

Numbers under supervision:

INJURED PERSON DETAILS:

Name:

Address:

Phone: **Date of Birth:** **Experience in riding**

Beginner/moderate/experienced

ACCIDENT OCCURRED WHILE:

- ❑ Mounting
- ❑ Unmounted Activity
- ❑ Flat work/Dressage
- ❑ Cross Country
- ❑ Jumping in Arena
- ❑ Trail Ride
- ❑ Dismounting
- ❑ If other please detail

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)
- ❑ If other please detail

INJURY SEVERITY:

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

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AFFINITY

WITNESS DETAILS

Name:				
Address:				
Phone(s)		**Date of Birth:**		☐ Committee member ☐ Volunteer / Other rider ☐ Other (specify)

ACCIDENT SUMMARY	Description of accident, exact location, observations of signs and symptoms of injuries, treatment and follow up; include times and names of those involved in treatment at all stages.

Signed by AQHA member		**Date:**	