

THE PONY CLUB ACCIDENT FORM



Branch:

Report of: Minor Injury Injury Referred to A & E Property Damage Horse Injury

THE ACTIVITY
Date: Time:
Venue:
Description of Location:
Field <input type="checkbox"/> Indoor School <input type="checkbox"/> Outdoor Arena <input type="checkbox"/>
Countryside <input type="checkbox"/> Stable <input type="checkbox"/> Lorry/Trailer <input type="checkbox"/>
Name of Instructor:
Activity: Flatwork <input type="checkbox"/> Show Jumping <input type="checkbox"/> Polo <input type="checkbox"/>
Cross Country <input type="checkbox"/> Mounted Games <input type="checkbox"/> Racing <input type="checkbox"/>
Polocrosse <input type="checkbox"/> Tetrathlon <input type="checkbox"/> Dressage <input type="checkbox"/>
Other (please specify)

PERSONAL DETAILS
Name of Person Involved:
Age:
Address:
Town
Postcode
Telephone No.
Parents Name: (if different)
Owner of Horse/Pony

THE HORSE
Name of Horse/Pony:
Was the horse: Ridden <input type="checkbox"/> On lead rein <input type="checkbox"/>
Loose <input type="checkbox"/> Tethered/Tied Up <input type="checkbox"/>
Did horse fall: No <input type="checkbox"/> Yes <input type="checkbox"/>
Was the horse injured: No <input type="checkbox"/> Yes <input type="checkbox"/>
Killed/Destroyed <input type="checkbox"/>
Veterinary Attention: No <input type="checkbox"/> Yes <input type="checkbox"/>

RIDER INJURY
Was the rider injured: No <input type="checkbox"/> Minor Injury <input type="checkbox"/> Major Injury <input type="checkbox"/>
Was a body protector worn: No <input type="checkbox"/> Yes <input type="checkbox"/>
Was the hat - kite marked/tagged: No <input type="checkbox"/> Yes <input type="checkbox"/>
Did rider complete lesson/event: No <input type="checkbox"/> Yes <input type="checkbox"/>
Was First Aid given: No <input type="checkbox"/> Yes <input type="checkbox"/>
First Aid <input type="checkbox"/> Paramedic/Doctor <input type="checkbox"/> A & E <input type="checkbox"/>
What was the injury:

DAMAGE TO PROPERTY (Please describe)
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DESCRIPTION OF ACCIDENT
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<i>Continue on reverse if necessary</i>

NAME & ADDRESS OF WITNESSES	FORM COMPLETED BY (Print Name)
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.....	Instructor/Organiser/Other
.....	DC's Signature:

DESCRIPTION OF ACCIDENT (Cont'd)

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INSURANCE COMPANY DETAILS

Insurance Company: The Equestrian Insurance Division of Windsor Partners Ltd
Contact: Adrian Miller/Steven Festorazzi

Address: 71 Fenchurch Street
London
EC3M 4BS

Tel No: 0207 133 1200 Fax: 0207 1331 500

DISTRICT COMMISSIONER DETAILS

Name & Address (Block Capitals please)

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Tel No:

E-mail Address: