



# Equestrian SA – Incident Report

Discipline:.....

Event Name:.....

Location of Incident/Accident:.....Date of Incident/Accident:.....Time: .....am/pm:.....

Type of Incident/Accident: (please tick)  Personal Injury (Part 1)  Property Damage (Part 2)  Near Miss (Part 3)

Incident Report Completed By:.....

Position Held :.....

Signature:.....Date:.....

## **PART 1 – PERSONAL INJURY (complete if you ticked Personal Injury)**

Injured Person/s:.....Age:.....

Address:.....

Phone (BH):.....Phone (AH):.....

Describe in full how the incident occurred (if insufficient space, please attached a separate sheet):.....

.....

.....

Describe action taken:.....

.....

Describe the injuries in detail, indicating specific body parts: .....

.....

Did any medically trained personnel (doctors/nurses etc ) assist: (if yes, give names):.....

.....

Persons/EA Representatives present:.....

.....

Witnesses (provide name and contact details):.....

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Was an emergency plan activated?:.....Was an Ambulance called?:.....

Was the injured person taken to hospital?:(if yes, what hospital?).....If No, did they refuse Medical treatment?:.....

Action taken to prevent a similar occurrence:.....



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## **PART 2 – PROPERTY DAMAGE (complete if you ticked Property Damage)**

Describe in full how the incident occurred (if insufficient space, please attached separate sheet):.....

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Describe action taken:.....

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Describe the damage in detail, indicating specifics:.....

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Persons/EA Representatives present:.....

Witnesses (provide name and contact details):.....

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Was an Emergency Plan activated?:.....

Was the incident reported to the relevant governing body):.....

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Have the Police any report on the matter?: Yes / No If Yes, Name of the Police Officer:.....

Name of the Police Station:.....Phone Number:.....

Give full particulars of any personal injury, names, addresses and telephone numbers:.....

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Action taken to prevent a similar occurrence:.....

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## **PART 3 – NEAR MISS (complete if you ticked Near Miss)**

Describe in full how the incident occurred (if insufficient space, please attached separate sheet):.....

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Describe action taken:.....

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Persons/EA Representatives present:.....

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Witnesses (provide name and contact details):.....

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Was an Emergency Plan activated?:.....

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Was the incident reported to the relevant governing body):.....

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Action taken to prevent a similar occurrence:.....

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## **RETURN DETAILS (when completed and signed)**

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