



the **WASHINGTON STATE HORSEMEN**

ACCIDENT/INJURY REPORT FORM

Washington State Horsemen, 26728 W. Tucker Prairie Rd, Cheney WA 99004 509-299-4191

INCIDENT DESCRIPTION/URGENT

FATALITY _____ SERIOUS INJURY _____ POSSIBLE HEAD INJURY _____

Contact WSH Horse Show Director immediately (509) 250-0605 (509)773-3047

1. Injured ___ Person ___ Horse ___ Both Accident date _____ AM/PM
Injured Person Name _____ WSH Membership # _____
Age _____ JR ___ SR ___ Sex F M Emergency Contact # _____
Category of person Rider ___ Handler ___ Groom ___ Spectator ___ Visitor ___
Volunteer ___ Ring Crew ___ Other _____

2. Injured Horse _____
Age _____ Sex ___ Mare ___ Gelding ___ Stallion ___ Colt ___ Filly _____

3. Competition _____

4. Location where injury occurred Show Ring _____ Dressage _____ Warm-Up _____
Stabling _____ Parking _____ Other _____

5. Name and type of class (Must state if accident happened during or in preparation for a class

If Fence safety Features: Safety cups _____ Rotational Fall _____

6. over fences (Must complete if applicable) specify type of jumps

Footing: Indoor ___ Outdoor ___ Sand ___ Dirt ___ Artificial ___ Other ___
Footing condition: Deep ___ Heavy ___ Slippery ___ Good ___ Firm ___ Hard ___ Rough ___ Other _____

Weather: Sunny ___ Cloudy ___ Raining ___ Windy ___ Foggy ___ Snowing ___ Extreme
Temperatures ___ Artificial Lights _____

7. Protective Equipment Worn: ASTM/SEI Helmet _____ Unapproved Helmet _____ Other _____

8. Describe nature of injury/narrative: (Please use separate sheet if needed and attach it to form)

9. Name of witness (other than steward/TD): _____

Phone: _____

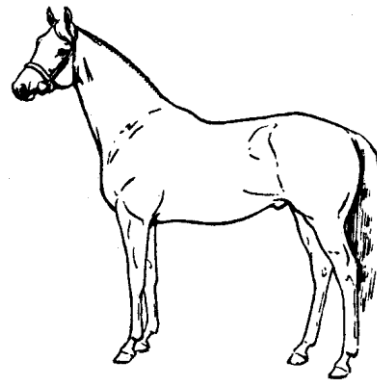
This section was completed by _____ date _____

MEDICAL INFORMATION

This section to be completed by the Steward/TD, or Medical Personnel or Veterinarian who treated the patient.

- 10. Treatment: On-site ___ Transported (Ambulance) ___ None ___ Refused Treatment ___ Refused Transport ___
- 11. Treated by: EMT/Paramedic ___ Physican trained in pre-hospital trauma care ___ Nurse trained in pre-hospital trauma car ___ Veterinarian ___
- 12. Describe Treatment:

- 13. Possible concussion/ Head Injury: Yes ___ No ___ If yes, was person cleared to return to competition? Yes ___ No ___
- 14. Type of injury: Fracture/bone stress ___ Joint (Non-Bone)and Ligament ___ Muscle and tendon ___ Contusions ___ Lacerations and Skin Lesions ___ Other _____
- 15. Nme of On-site treating EMS personnel/Veterinarian: _____
- 16. Facility patient transported to: _____
- 17. Please circle all injured area(s) on the models illustrated below



ADDITIONAL MATERIALS

- Did you obtain eyewitness reports? ___ Yes (Please attach to form) ___ No
- Include clearance to return to competition if applicable? ___ Yes (Please attach) ___ No
- Did you call to report in to WSH? ___ Yes ___ No ___ N/A
- This section completed by: _____
- Steward/Technical Delegate's signature: _____
- Did the Steward/TD witness the incident? ___ Yes ___ No