

# ACCIDENT/INJURYREPORT FORM

*This form must be sent separately & immediately following the horse show either via mail or email.*

Washington State Horsemen

310 Rd 13 SW, Royal City, WA 99357

wshhsd@gmail.com

509-760-6462

## INCIDENT DESCRIPTION/URGENT

FATALITY \_\_\_\_\_ SERIOUS INJURY \_\_\_\_\_ POSSIBLE HEAD INJURY \_\_\_\_\_

Contact WSH Horse Show Director immediately 509-760-6462

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): \_\_\_\_\_

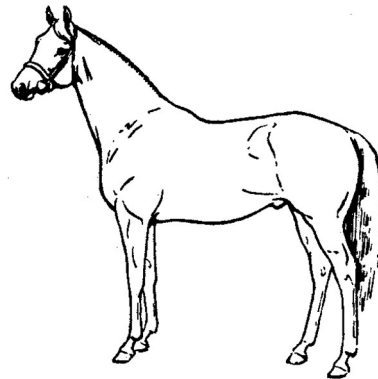
Phone: \_\_\_\_\_

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 \_\_\_ Physician trained in pre-hospital trauma care \_\_\_ Nurse trained in pre-hospital trauma care \_\_\_ 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. Name 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