



Hervey Bay Active Riders Inc. Incident / Accident Report Form



What was the nature of the Incident/Accident? (Please Tick)			
- Near Miss (Hazard Requiring Reporting)		- Minor Incident/Accident (No Medical Attention Required)	
- Serious Illness or Contagion (Human / Horse)		- Major Incident/Accident (Medical Attention Required)	

Incident / Accident Timeframe			
Date:		Time:	
Address:			

Witness Details			
Witness 1. Name:		Phone:	
Email:			
Witness 2. Name:		Phone:	
Email:			

Describe the exact location of the Incident / Accident

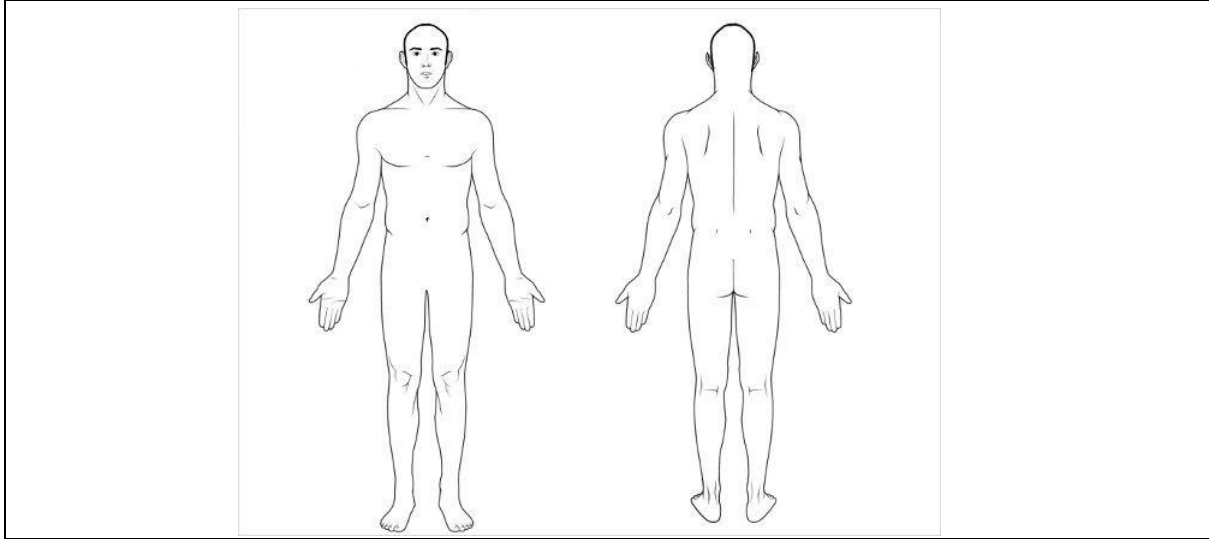
Describe the Incident / Accident in detail

Injured Person's Details			
Title (Please Tick)	Mr <input type="checkbox"/> , Mrs <input type="checkbox"/> , Ms <input type="checkbox"/> , Miss <input type="checkbox"/> ,		
Name:			
Date of Birth:	/ /	Phone:	
Email:			
Address:			
Paid Member <input type="checkbox"/> , Volunteer (Non-Member) <input type="checkbox"/> , Spectator <input type="checkbox"/> , Other <input type="checkbox"/>			
Details:			
Signature:		Date:	/ /

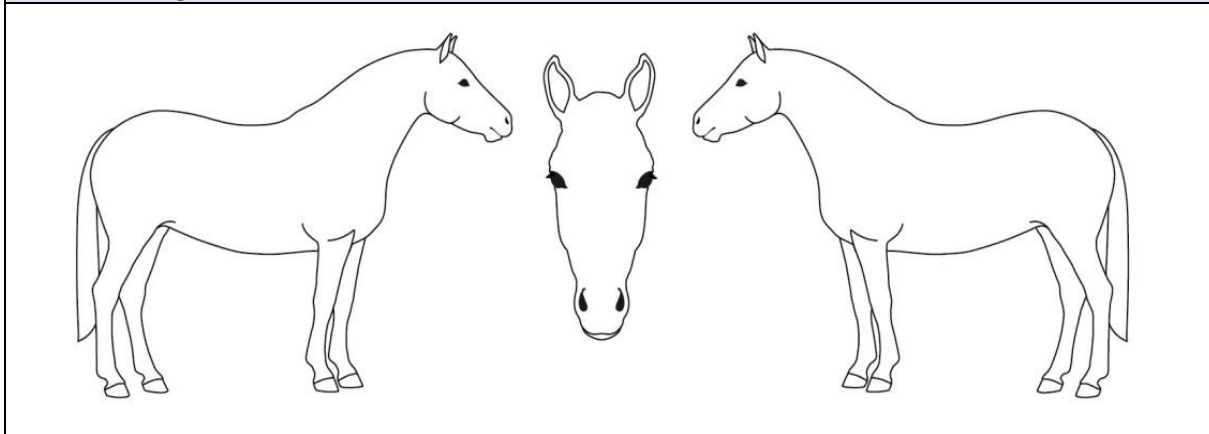
Details of Injury to Person			
Was Ambulance Called?	Yes <input type="checkbox"/> , No <input type="checkbox"/>	Was Hospitalisation Needed?	Yes <input type="checkbox"/> , No <input type="checkbox"/>
Doctor's Name:			
Phone:		Surgery / Hospital:	

Details of Injury to Horse			
Was Vet Called?	Yes <input type="checkbox"/> , No <input type="checkbox"/>	Was Hospitalisation Needed?	Yes <input type="checkbox"/> , No <input type="checkbox"/>
Vet's Name:			
Phone:		Vet Surgery	

**Person's Body – Location of Injury
(Mark on Diagram)**



**Horse's Body – Location of Injury
(Mark on Diagram)**



Details of HBAR Club Representative

Name:			
Position:			
Phone:			
Email:			
Signature:		Date:	/ /

Follow Up / Clearance

Has Person Been Given Clearance?	Yes <input type="checkbox"/> , No <input type="checkbox"/>		
Clearance Given By?			
Phone:		Surgery / Hospital:	
Details:			
Has Horse Been Given Clearance?	Yes <input type="checkbox"/> , No <input type="checkbox"/>		
Clearance Given By?			
Phone:		Vet Clinic:	

Reported and Recorded at HBAR Club Meeting

Incident reported at club meeting and recorded in minutes:	Date:	/ /
Clearance reported at club meeting and recorded in minutes:	Date:	/ /
Signature:	Date:	/ /