

# Association of Irish Riding Clubs Incident Report Form

Ref: F07/11  
Amended: 08/07/2015

Name of Show: \_\_\_\_\_

Venue: \_\_\_\_\_

Organising Club / Region: \_\_\_\_\_

Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_

Name of person involved: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Horse / Pony: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Type of Event:      Show Jumping       Dressage       Hunter Trials   
                         Jump Cross       Horse Trials   
                         Other\*       \* Please State: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the horse:      Ridden       Led by walker       Led by rider   
                         Loose   
Was the rider:      On foot       Warming up       In competition   
Was the hat displaced during the accident:      Yes       No   
Was the harness secured:      Yes       No   
Did the rider / horse fall:      Neither       Rider       Horse       Both   
Was the rider:      Unhurt       Injured       Incapacitated   
Was professional attention sought:      Onsite personnel       Onsite Doctor   
                              Hospital       None

If none, what action was taken: \_\_\_\_\_

\_\_\_\_\_

Did rider remount:      Yes       No   
Was the horse injured:      Injured       No   
Description of location:      Parking area       Practise area       Collecting Ring   
                         Indoor arena       Outdoor arena       Field

