



# MEMBER INCIDENT/INJURY REPORT FORM

The Member involved should complete this form on the day that the injury/ incident occurs.

One copy of this form to be retained by the member, one copy for be forwarded to Pony Club WA.

(Please note: Failure to forward incident report form to Pony Club WA may compromise the validity of claims)

## Details of the Member who has been injured or caused property damage

Member Number		Member Type (Please Tick)
Pony Club		<input type="checkbox"/> Riding Member (up to 17 years)
First Name		<input type="checkbox"/> Associate Member (17-24 years)
Second Name		<input type="checkbox"/> Adult Supporter
Address		<input type="checkbox"/> Affiliate Rider
Suburb	Postcode	<input type="checkbox"/> Club Coach
Parent/Guardian (if under 18)		<input type="checkbox"/> Open Rider
		<input type="checkbox"/> Other

## Injury/Incident Detail

Date	Approximate Time	
Place of Injury/Incident		
How did the injury/Incident Occur?		
Was the member engaged in the use and/or ownership and/or control of a Horse(s) or Horse drawn vehicle, or engaged in other non-income earning Horse related activities are the time of the incident?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nature and extent of the injury/incident?		
Did you admit liability?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive first aid treatment?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was an ambulance used?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, time of arrival?		
Did you go to hospital?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which hospital		
Hospital address		
Doctor who attended		

## Witnesses to the injury/incident

Name Witness 1	Phone
Name Witness 2	Phone
Name Witness 3	Phone
<b>NOTE: This is a report form, not an insurance claim form. Claim form required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Submit Form**  
(Please save to your PC first)