



# COMPETITIONS

## ACCIDENT & INJURY & CONCUSSION REPORT

This form is to be submitted by the competition Steward, Technical Delegate or competition organizing committee  
*Must be submitted to EC within 24 hours of incident*

### 1. URGENT

- FATALITY  SERIOUS ACCIDENT / INJURY  
 REQUIRES IMMEDIATE ATTENTION FROM EC  MEDICAL SUSPENSION FROM COMPETITION

Injured Party:  Person (only)  Horse (only)  Person & Horse  Athlete  Groom  Official  
 Other: \_\_\_\_\_

Person Name: \_\_\_\_\_ EC #: \_\_\_\_\_

Birth Date (dd/mm/yy): \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Horse Name: \_\_\_\_\_

Horse Recording #: \_\_\_\_\_ Horse Age: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### 2. Competition Information

Competition Name: \_\_\_\_\_ Competition #: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Organizer: \_\_\_\_\_ Phone #: \_\_\_\_\_

### 3. Incident Description

Possible head injury / concussion and medically suspended from competition  Other injury:

Approved to Compete (Must provide explanation) : \_\_\_\_\_

Attending Medical Personnel (name) : \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor  EMT / Paramedic  Nurse  Nurse Practitioner  First Responder  Veterinarian

Other: \_\_\_\_\_

### 4. Treatment

Onsite  Transported  None  Refused  Personal transport to hospital

Other: \_\_\_\_\_

By Whom:  EMT/Paramedic  Doctor  Veterinarian  Spectator  Official

Name: \_\_\_\_\_

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### 5. Location of reported incident

Warm-up    Stabling    Competition Arena    Cross-Country

Other: \_\_\_\_\_

Type of Class: \_\_\_\_\_

Name of Class: \_\_\_\_\_

Type of fence (if applicable): \_\_\_\_\_

Approximate Dimensions of fence (if applicable): \_\_\_\_\_

<b>Fence safety features</b>	Safety Cups:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	Frangible:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	Rotational Fall:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

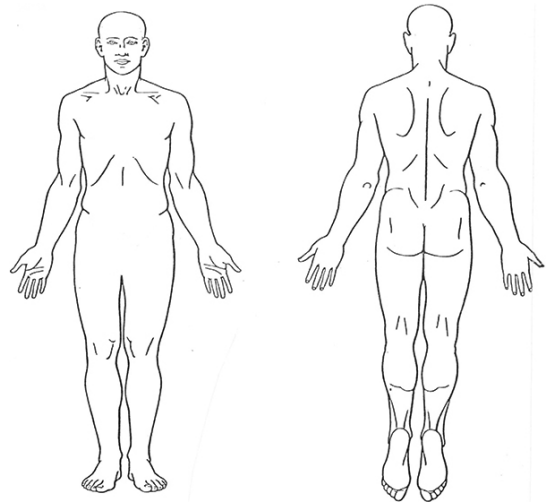
### 6. Brief description of accident and note any evident symptoms

*Please Print*

### 7. Indicate area of Injury to Person

Comments:

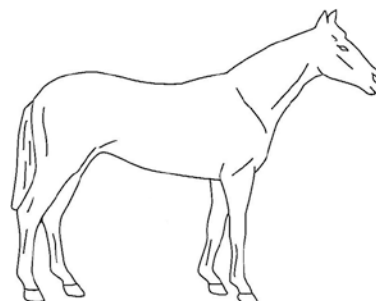
*Please Print*



### 8. Indicate area of Injury to Horse

Comments:

*Please Print*



### 9. Witnesses to Accident:

Were you a witness to the incident?  YES  NO

If not, who reported  
the incident?

Name: \_\_\_\_\_

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

Attach a Witness Report if available or statement from medical officer

Name	Address	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### 10. Follow-up:

Name of Steward/TD/OC: \_\_\_\_\_

Date report completed: \_\_\_\_\_

Signature of Steward: \_\_\_\_\_

EC Sport License #: \_\_\_\_\_

Name of Attending  
Medical Professional: \_\_\_\_\_

Signature of Attending  
Medical Professional: \_\_\_\_\_

EMAIL competitions@equestrian.ca WITHIN 24 HOURS IF THE FOLLOWING OCCURS  
& CALL EMERGENCY PHONE LINE 1-833-251-7038

- The death of a person or horse
- When rider/person/horse is unconscious / has life threatening injury and is transported by ambulance

Your phone call will be returned within a 3 hour timeframe if you leave a voicemail.