EQUESTRIAN SPORTS
NEW ZEALAND

ESNZ Incident Reporting Form

This form is to be completed for all horse related incidents.

1. **Email address:**

2. **Event Name and Venue:**

3. **Date of Event:**

4. **Discipline or Department:**
   - ❑ Dressage
   - ❑ Endurance / CTR
   - ❑ Eventing
   - ❑ Para-Equestrian
   - ❑ Show Jumping
   - ❑ Show Hunter
   - ❑ NEC Taupo
   - ❑ NEC Christchurch

   (only tick NEC for incidents that happen outside of competition at NEC venue)

5. **Time incident occurred:**

6. **Name and position of person filing this report:**

7. **Name of affected person and/or horse/pony:**

8. **Age of affected person and/or horse/pony:**

9. **Address of affected person and/or horse/pony owner:**

10. **Contact phone number for affected person or horse/pony owner:**

11. **Type of incident (select from below):**
    - ❑ Riding accident in the field of competition
    - ❑ Riding accident not in the field of competition
    - ❑ Stable accident
    - ❑ Equipment accident involving machinery
    - ❑ Spectator incident

    Other: _____

12. **What level of incident would you classify this as? (select from below):**
    - ❑ Minimal – Bruises, grazes, participant could continue
    - ❑ Minor – Contusions, sprain, laceration, can continue
    - ❑ Medium – Dislocation, simple fracture, cannot continue
    - ❑ Major – Fractures, crush injury, serious injury
    - ❑ Extreme – Brain, spinal, organ damage, loss of limb, permanent disability or death
    - ❑ Concussion – Blue Card

13. **Protective equipment worn at time of incident? (select from below):**
    - ❑ Helmet
    - ❑ Body padding / protector
    - ❑ Sturdy Footwear
    - ❑ Stallion Armband / sash
    - ❑ Medical Armband
    - ❑ Other: _____

14. **Name and phone number for Witness 1 to the incident:**

15. **Name and phone number for Witness 2 to the incident:**

16. **Name and phone number for Witness 3 to the incident:**

17. **Describe the incident:**

18. Describe the injury:

19. Treatment – what assistance was given to the injured person or horse/pony?:

- ❑ None required
- ❑ St John treatment
- ❑ Taken by Ambulance to hospital
- ❑ Airlifted by Helicopter to hospital
- ❑ Veterinarian Treatment
- ❑ Other: _____

20. Please advise the hospital taken to:

21. What caused the incident?

22. Was there any damage to property?

- ❑ Yes
- ❑ No

23. What action was taken?

24. What measures, if any, can be taken to avoid this happening in the future?

25. Have the learnings from this incident been reviewed by the event management committee and any recommendations implemented?

- ❑ Yes
- ❑ No

26. Please list what notification process was enacted:

- ❑ Event Committee notified
- ❑ ESNZ CEO or Operations Director informed

Extra space to write if required: