



**EQUESTRIAN SPORTS  
NEW ZEALAND**

**ESNZ Incident Reporting Form**

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

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

2. **Email address:**

3. **Event Name and Venue:**

4. **Date of Event:**

5. **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)

6. **Time incident occurred:**

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/yard 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, minor laceration, can continue
- Moderate – Dislocation, simple fracture (eg finger/wrist), cannot continue
- Major – Fractures (eg arm or leg), 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):**

- Approved Helmet
- Approved Body Protector
- Air Vest
- Sturdy Footwear
- Stallion Armband / sash
- Other: \_\_\_\_\_

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

  

15. **Describe the incident:**

  
  
  

16. **What caused the incident?**

  
  

17. **Describe the injuries:**

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

- None required
- On site treatment by medical personnel
- Advised to attend hospital/ urgent care: no ambulance required
- Taken by Ambulance to hospital
- Airlifted by Helicopter to hospital
- Veterinarian Treatment
- Other: \_\_\_\_\_

**19. Please advise the hospital taken to:**

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**20. Was there any damage to property?**

- Yes
- No

**21. What action was taken?**


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


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

- Yes
- No

**24. Please list what notification process was enacted:**

- Event Committee notified
- ESNZ CEO or Operations Director informed

**Extra space to write if required:**