



ESNZ Incident Reporting Form for Registered Coaches

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

1. **Registered Coach Name:**

2. **Venue Address:**

3. **Date:**

4. **Discipline:**

- Dressage
- Endurance / CTR
- Eventing
- Para-Equestrian
- Show Jumping
- Show Hunter
- Other: _____

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
- 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, 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
- Other: _____

14. **Name and phone number for Witness 1 to the incident (if applicable):**

15. **Name and phone number for Witness 2 to the incident (if applicable):**

16. **Name and phone number for Witness 3 to the incident (if applicable):**

17. **Describe the incident:**

18. Describe the injury:

Extra space to write if required:

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:

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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 and any recommendations implemented?

- Yes
- No

26. Please list what notification process was enacted:

- Own insurance company informed
- ESNZ CEO or Operations Director informed

CEO - dana@nzequestrian.org.nz

OD - emma@nzequestrian.org.nz