



<b>AUSTRALIAN NATIONAL WORKING EQUITATION</b>	<b>Incident Report Form</b>
Document Number:	FM.002
Last Review Date:	September 2021
Next Review Date:	September 2023
Responsible Portfolio:	Board
Authority	This document is made in accordance with ANWEL Constitution. It is binding on all Members of ANWEL.
Related Policies/Documents	Risk Management Policy Risk Management Plan Template Incident Report Form

**Name of State Association or Club Affiliate:**

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**Contact Details:**

Address	
Phone	
Email	
Contact Person	

**Site/Venue of Incident/Accident:**

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**Date and Time of Incident/Accident**

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**Weather Condition at time of Incident/Accident**

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**Officials/ Supervising Persons at the time of the Incident/Accident**

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**If yes to above, provide Injured Person Details:**

Name	
Address	
Phone	
Date of Birth	
Experience in riding	

**Incident/Accident occurred while:**

- Mounting                       Obstacles                       Dismounting  
 Jumping                         Unmounted Activity        Dressage  
 Cattle class                    Other – please detail below

**Injury Location:**

- Head (skull, face, jaw, ears)  
 Eyes  
 Neck  
 Trunk (chest, abdomen, buttock, pelvis)  
 Spine  
 Arm (shoulder, elbow, forearm, wrist, hand, finger, thumb)  
 Leg (hip, thigh, knee, ankle, foot, toe)  
 Internal  
 Other – please detail below

**Injury Severity:**

- First Aid (continued to ride)  
 First Aid (went home)  
 First Aid (sought medical attention after leaving)  
 Ambulance  
 Doctor's or Dental Treatment  
 Hospital Treatment (admittance)  
 Fatal  
 Other – please detail below

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**Witness Details (repeat as necessary)**

Name	
Address	
Phone	
Date of Birth	
Role at event	<input type="checkbox"/> Committee member <input type="checkbox"/> Organiser <input type="checkbox"/> Volunteer/other rider <input type="checkbox"/> Other (specify)

**Summary of Incident/Accident**

Description of incident/accident, exact location, observations of signs and symptoms of injuries, treatment and follow up; include times and names of those involved in treatment and/or incident at all stages.

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**Signed by State Association Committee Member or Club representative:**

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**Dated:**                    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PLEASE ATTACH FURTHER DCOUMENTATION/EVIDENCE IF REQUIRED OR INSUFFICIENT SPACE.**