



# Dressage Ireland Clg

## Incident Report Form

Reference: DI SF02  
Issued: 12/12/2016  
Amended: 12/01/2021

|  |  |   |                                |
|--|--|---|--------------------------------|
| <b>Name of Show:</b>                                     |  |   |                                |
| <b>Venue:</b>  |  |   |                                |
| <b>Region:</b>   |  |   |                                |
| <b>Date of Incident:</b>                                 | <b>Time of accident:</b>               |   |                                |
| <b>Name of person involved:</b>                          | <b>D.O.B.:</b>                         |   |                                |
| <b>Address:</b>  |  |   |                                |
| <b>Weather Conditions:</b>                               |  |   |                                |
| <b>Name of Horse / Pony:</b>                             |  |   |                                |
| <b>Sex:</b>  | <b>Age:</b>                            | <b>Height:</b>                          |                                |
| <b>Type of Event:</b>                                    | <input type="checkbox"/> Show          | <input type="checkbox"/> Training       |                                |
| <b>Was the Horse/Pony:</b>                               |  |   |                                |
| <input type="checkbox"/> Ridden                          | <input type="checkbox"/> Led by walker | <input type="checkbox"/> Led by rider   | <input type="checkbox"/> Loose |
| <b>Was the Rider:</b>                                    |  |   |                                |
| <input type="checkbox"/> On foot                         | <input type="checkbox"/> Warming Up    | <input type="checkbox"/> In competition |                                |
| <b>Was the riding hat displaced during the incident?</b> | <input type="checkbox"/> Yes           | <input type="checkbox"/> No             |                                |
| <b>Was the tack securely &amp; correctly fitted?</b>     |  |   |                                |
| <input type="checkbox"/> Yes                             | <input type="checkbox"/> No            | <input type="checkbox"/> Unsure         |                                |

**Date:**



# Dressage Ireland Clg

## Incident Report Form

Reference: DI SF02  
Issued: 12/12/2016  
Amended: 12/01/2021

|   |  |  |                                 |
|---|--|--|---------------------------------|
| <b>Did Rider/Horse fall:</b>              |  |  |                                 |
| <input type="checkbox"/> Neither          | <input type="checkbox"/> Rider         | <input type="checkbox"/> Horse           | <input type="checkbox"/> Both   |
| <b>Was the rider:</b>                     |  |  |                                 |
| <input type="checkbox"/> Unhurt           | <input type="checkbox"/> Injured       | <input type="checkbox"/> Incapacitated   | <input type="checkbox"/> Unsure |
| <b>Was professional attention sought:</b> |  |  |                                 |
| <input type="checkbox"/> Onsite Personnel | <input type="checkbox"/> Onsite Doctor | <input type="checkbox"/> Hospital        | <input type="checkbox"/> None   |
| <i>If none, what action was taken:</i>    |  |  |                                 |
| <br><br><br><br>                          |  |  |                                 |
| <b>Did rider remount:</b>                 | <input type="checkbox"/> Yes           | <input type="checkbox"/> No              |                                 |
| <b>Was the horse/pony injured</b>         | <input type="checkbox"/> Yes           | <input type="checkbox"/> No              |                                 |
| <b>Location of Incident:</b>              |  |  |                                 |
| <input type="checkbox"/> Parking Area     | <input type="checkbox"/> Practise Area | <input type="checkbox"/> Collecting Ring |                                 |
| <input type="checkbox"/> Indoor Arena     | <input type="checkbox"/> Outdoor Arena | <input type="checkbox"/> Other           |                                 |
| <i>If other, please state:</i>            |  |  |                                 |
| <br><br><br><br>                          |  |  |                                 |

If not enough room to in incident report & witness statements, please continue on extra paper, ensure these are attached, numbered & signed correctly.

***Please enclose photographs of the scene of the incident where possible.***

**Date:**



# **Dressage Ireland Clg** **Incident Report Form**

Reference: DI SF02  
Issued: 12/12/2016  
Amended: 12/01/2021

## **Incident Report:**

|                               |                     |
|-------------------------------|---------------------|
| <b>Name of Official:</b>      | <b>Contact No.:</b> |
| <b>Address:</b>               |                     |
| <b>Official's Report:</b>     |                     |
| <b>Signature of Official:</b> | <b>Date:</b>        |

(Attach extra pages if needed.)

**Date:**



# Dressage Ireland Clg

## Incident Report Form

Reference: DI SF02  
Issued: 12/12/2016  
Amended: 12/01/2021

### Witness #1 Report:

|                          |              |
|--------------------------|--------------|
| Name of Witness #1:      | Contact No.: |
| Address:                 |              |
| Witness #1 Report        |              |
| Signature of Witness #1: | Date:        |

(Attach extra pages if needed.)

Date:



# Dressage Ireland Clg

## Incident Report Form

Reference: DI SF02  
Issued: 12/12/2016  
Amended: 12/01/2021

### Witness #2 Report:

|                          |              |
|--------------------------|--------------|
| Name of Witness #2:      | Contact No.: |
| Address:                 |              |
| Witness #2 Report:       |              |
| Signature of Witness #2: | Date:        |

(Attach extra pages if needed.)

Date: