



COMPETITIONS

ACCIDENT & INJURY REPORT

This form is to be submitted by the competition Steward, Technical Delegate or competition Organizing Committee
Must be submitted to EC within 24 hours of incident

1. URGENT

- ☐ FATALITY ☐ SERIOUS ACCIDENT / INJURY
☐ REQUIRES IMMEDIATE ATTENTION FROM EC ☐ MEDICAL SUSPENSION FROM COMPETITION

Injured Party: ☐ Person (only) ☐ Horse (only) ☐ Person & Horse ☐ Athlete ☐ Groom ☐ Official
☐ Other: _____

Person Name: _____ EC #: _____

Birth Date (dd/mm/yy): _____ Gender: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Horse Name: _____

Passport #: _____ Horse Age: _____

Owner Name: _____ Phone #: _____

2. Competition Information

Competition Name: _____ Competition #: _____

Date: _____ Time: _____

Location: _____

Organizer: _____ Phone #: _____

3. Incident Description

- ☐ Possible head injury / concussion ☐ Other injury:
☐ Approved to Compete ☐ Medically Suspended from Competition

Declaration – I _____ understand that
I have been suspended from competition pursuant to EC General Regulations, Section A, Article A101.

Signature of athlete / guardian (if under the age of majority): _____

Date: _____

- ☐ Unable to obtain signature (please indicate reason below)
☐ Medically unable ☐ Could not find ☐ Rushed to hospital ☐ Refused
☐ Other: _____

Attending Medical Personnel (name) : _____ Phone #: _____

- ☐ Doctor ☐ EMT / Paramedic ☐ Nurse ☐ Nurse Practitioner ☐ First Responder ☐ Veterinarian
☐ Other: _____



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4. Treatment

☐ Onsite ☐ Transported ☐ None ☐ Refused ☐ Personal transport to hospital

☐ Other:

By Whom: ☐ EMT/Paramedic ☐ Doctor ☐ Veterinarian ☐ Spectator ☐ Official

Name:

Declaration – I _____ understand that should I choose to take personal transport to the hospital I must submit an EC return to play form to both EC and the show office prior to returning to competition.

Signature of athlete/guardian
(if under the age of majority):

Date:

☐ Unable to obtain signature (please indicated reason below)

☐ Medically unable ☐ Could not find ☐ Rushed to hospital ☐ Refused

☐ Other:

5. Location of reported incident

☐ Warm-up ☐ Stabling ☐ Competition Arena ☐ Cross-Country

☐ Other:

Type of Class:

Name of Class:

Type of fence (if applicable):

Approximate Dimensions of fence (if applicable):

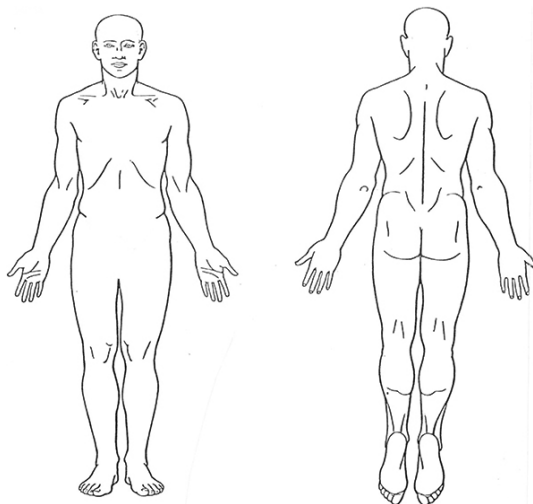
Fence safety features	Safety Cups:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	Frangible:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	Rotational Fall:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

6. Brief description of accident and note any evident symptoms

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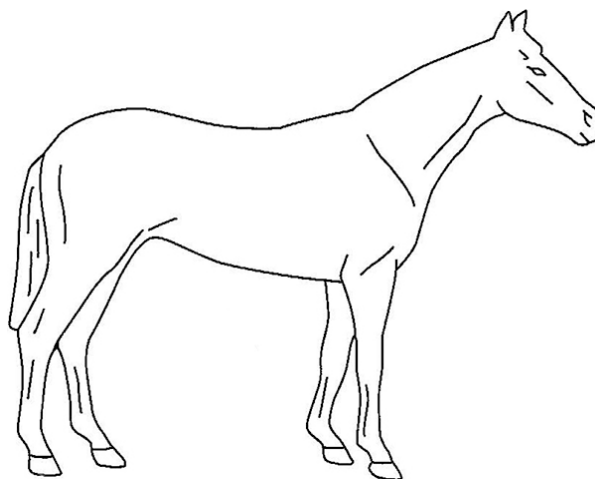
7. Indicate area of Injury to Person

Comments:



8. Indicate area of Injury to Horse

Comments:



9. Witnesses to Accident:

Were you a witness to the incident? ☐ YES ☐ No

If not, who reported
the incident?

Name:

Phone #:

Attach a Witness Report if available or statement from medical officer

Name	Address	Phone #
1.		
2.		
3.		



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10. Follow-up:

Name of Steward/TD/OC:

Date report completed:

Signature of steward/TD:

EC Sport Licence #:

Name of Attending
Medical Professional:

Signature of Attending
Medical Professional:

Accident & Injury reports must be returned to Equestrian Canada attached to the Steward or Technical Delegate report form. In the absence of a Steward or Technical Delegate, the Accident & Injury report must be returned with the Competition Master Report by a member of the Organizing Committee.

FAX OR EMAIL WITHIN 24 HOURS IF THE FOLLOWING OCCURS & CALL EMERGENCY PHONE LINE (EXT. 199)

- The death of a person or horse
- If the possible head injury/concussion and/or medical suspension from competition boxes are selected
- When rider/person/horse is unconscious / has life threatening injury and is transported by ambulance
- Equestrian Canada will respond to any voicemails on the emergency line within 3 hours