



**EQUESTRIAN SPORTS
NEW ZEALAND**

ESNZ Incident Reporting Form

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

1. **Email address:**

2. **Event Name and Venue:**

3. **Date of Event:**

4. **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)

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 in the field of competition
 Riding accident not in the field of competition
 Stable accident
 Equipment accident involving machinery
 Spectator incident
 Horse 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
 Horse death

13. **Protective equipment worn at time of incident? (select from below):**
 Helmet
 Body padding / protector
 Sturdy Footwear
 Stallion Armband / sash
 Medical Armband
 Other: _____

14. **Name and phone number for Witness 1 to the incident:**

15. **Name and phone number for Witness 2 to the incident:**

16. **Name and phone number for Witness 3 to the incident:**

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 by the event management committee and any recommendations implemented?

- Yes
- No

26. Please list what notification process was enacted:

- Event Committee notified
- ESNZ CEO or Operations Director informed