



NEW ZEALAND PONY CLUBS ASSOCIATION INC.

ACCIDENT RECORD REPORT

Instructions:

1. **This report form is to be used when medical or veterinary attention is required.**
2. This report is divided into two sections: Section A – ‘Rallies’, ‘Events and Competitions’ and Section B – ‘Other Accidents’.
3. This form is to be used as a master. Please photocopy and keep a number on hand at your Branch/Club for all occasions.
4. This form is to be completed by the Secretary or by their appointee, of the Rally, Event or Competition.
5. The completed form is to be sent to the Executive Officer within five working days of the accident occurring.
6. The information is required by the NZPCA to help with future Injury Prevention Management.
7. All falls and accidents should be recorded in the Club/Branch accident record book.

Name: _____ Age: _____ Date of Accident: _____

Event: _____ Club: _____ Branch: _____

Section A – Rallies, Events and Competitions (Tick the appropriate box)

1. What activity was being undertaken? Cross Country Dressage Showjumping Games
 Flat riding Other (please state) _____

2. Who was in attendance? Instructor Parent Guardian Judge Other (please state) _____

3. Was the rider wearing the following items of safety clothing. Regulation Footwear Regulation Safety Helmet
 Long Sleeves (for jumping & games) Body Protector with Shoulder Protectors

5. Define conditions when the accident occurred?
Weather: Fine Wet **Ground Conditions:** Good Average Bad

6. Who administered ‘first aid’? Instructor Parent St Johns Paramedic GP A & E Clinic Hospital

7. Injury/injuries sustained: _____

8. Briefly explain how the accident occurred:

9. Was there any injury to a horse/pony requiring veterinary attention? Yes No If Yes, please state:

10. Could the accident have been prevented? Yes No

11. Were facilities and equipment safe? Yes No

12. Do you have any recommendations that could prevent re-occurrences of similar accidents? Yes No If Yes, please state:

Completed by:(print name) _____ phone: _____ Designation: _____

NOTE: It is good public relations if injuries to rider or horse are followed up with a phone call to the persons concerned.



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Name: _____ Age: *if under 21yrs* _____ Date of Accident: _____

Event: _____ Club: _____ Branch: _____

Section B – Other Accidents Tick the appropriate box

1. What was the person doing at the time of the accident? *(please specify)* _____

2. Were all the necessary safety precautions taken to prevent the accident? Yes No

3. Were there any other persons involved? Yes No

4. What were the conditions like when the accident occurred?

Weather: Fine Wet **Ground Conditions:** Good Average Bad

5. Who administered 'first aid'? Instructor Parent St Johns Paramedic GP A & E Clinic Hospital

6. Injury/injuries sustained: _____

7. Briefly explain how the accident occurred:

8. Was there any injury to a horse/pony requiring veterinary attention? Yes No If Yes, please state:

10. Could the accident have been prevented? Yes No

11. Were facilities and equipment safe? Yes No

12. Do you have any recommendations that could prevent re-occurrences of similar accidents?

Within **five working days** of the accident occurring

Please send to: The Executive Officer
NZPCA
P.O. Box 8626
HAVELOCK NORTH
Fax (06) 873 5464

Completed by: *(print name)* _____

Designation: _____ Date: _____

Phone: _____

NOTE: It is good PR if injuries are followed up with a phone call to the persons concerned.