



NEW ZEALAND PONY CLUBS ASSOCIATION INC.

ACCIDENT RECORD REPORT FORM

Instructions:

1. Please complete the Accident report Form when medical or veterinary attention is required.
2. This report is divided into two sections: Section A – Rider and or Horse Accidents and Section B – Accidents involving non riders.
3. This form is to be used as a master copy, 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 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 – Rider and or Horse Accidents

(✓ Tick the appropriate box)

1. Did this accident involve: Rider only Horse only Rider & Horse

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

3. Who was in attendance? Coach Parent Guardian Judge Other (please state) _____

4. 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'? Coach Parent St Johns Paramedic GP A&E Clinic Hospital

7. Injuries sustained by the rider: _____

8. Briefly explain how the accident occurred: _____

9. Did the horse fall? Yes No

10. Did the horse/pony require veterinary attention? Yes No

11. If yes, injuries sustained by horse/pony: _____

12. Were the facilities and equipment safe? Yes No Comments _____

13. 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 to follow the accident 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 – Accidents involving non riders (administrators, officials, spectators etc.) (✓ Tick the appropriate box)

1. What was the person doing at the time of the accident? _____

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'? Coach 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 specify _____

9. Were facilities and equipment safe? Yes No If No, please specify what was unsafe _____

10. 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 4157
Fax (06) 873 5464

Completed by: *(print name)* _____
Designation: _____ Date: _____
Phone: _____

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