



# NEW ZEALAND PONY CLUBS ASSOCIATION INC.

## ACCIDENT RECORD REPORT FORM

### Instructions:

1. All falls and accidents should be recorded in a Club/Branch accident record book.
2. Please complete the Accident report Form when medical or veterinary attention has been administered.
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 information is required by the NZPCA to help with future Injury Prevention Management.
6. The statistics collected from the Accident forms may be used by ACC / universities to help with future prevention management

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Event: \_\_\_\_\_ Club: \_\_\_\_\_ Branch: \_\_\_\_\_

### Details: (✓ Tick the appropriate box)

1. Did this accident involve:
 

<input type="checkbox"/> Rider	<input type="checkbox"/> Horse	<input type="checkbox"/> Rider & Horse	<input type="checkbox"/> Bystander	<input type="checkbox"/> Official
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2. What activity / Competition?
 

<input type="checkbox"/> Cross Country	<input type="checkbox"/> Dressage	<input type="checkbox"/> Showjumping	<input type="checkbox"/> Games	<input type="checkbox"/> Rally
<input type="checkbox"/> Trekking	<input type="checkbox"/> Showhunter	<input type="checkbox"/> Workshop	<input type="checkbox"/> Other (please state) _____	
3. Regulation Safety Gear Worn:
 

<input type="checkbox"/> Footwear	<input type="checkbox"/> Regulation Safety Helmet	<input type="checkbox"/> Body Protector
<input type="checkbox"/> Shoulder Protectors	<input type="checkbox"/> Long Sleeves (for jumping & games)	
4. Weather:
 

<input type="checkbox"/> Fine	<input type="checkbox"/> Wet	<input type="checkbox"/> Windy
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 Ground Conditions:
 

<input type="checkbox"/> Firm	<input type="checkbox"/> Wet	<input type="checkbox"/> Hard	<input type="checkbox"/> Slippery	<input type="checkbox"/> Soft
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5. Who administered 'first aid'?
 

<input type="checkbox"/> Coach	<input type="checkbox"/> Parent	<input type="checkbox"/> St Johns	<input type="checkbox"/> Paramedic	<input type="checkbox"/> GP
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 Transported to:
 

<input type="checkbox"/> Hospital	<input type="checkbox"/> Doctors
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 BY
 

<input type="checkbox"/> Helicopter	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Private Car
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6. Injuries to:
 

<input type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Spine / Back	<input type="checkbox"/> Arms	<input type="checkbox"/> Wrist	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Hand	<input type="checkbox"/> Chest	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Leg	<input type="checkbox"/> Foot	<input type="checkbox"/> Face
7. Suspected:
 

<input type="checkbox"/> Fracture	<input type="checkbox"/> Concussion	<input type="checkbox"/> Strain/Sprain	<input type="checkbox"/> Bruising	<input type="checkbox"/> Other (please state) _____	
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8. Did horse:
 

<input type="checkbox"/> Fall	<input type="checkbox"/> Stop Suddenly	<input type="checkbox"/> Rear	<input type="checkbox"/> Buck	<input type="checkbox"/> Take fright	<input type="checkbox"/> Kick
<input type="checkbox"/> Swerve	<input type="checkbox"/> Lose Tack	<input type="checkbox"/> Slip	<input type="checkbox"/> Other (Please state) _____		
9. Vet Required?  Yes  No  Injuries to Horse (Please state) \_\_\_\_\_
10. Who else was in attendance?
 

<input type="checkbox"/> Coach	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Judge	<input type="checkbox"/> TD	<input type="checkbox"/> Steward
<input type="checkbox"/> Other (Please state) _____				
11. 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.

Please return this form within Five Working Days of the Accident to: The Executive Officer, NZPCA, P O Box 8626, HAVELOCK NORTH 4157 or fax to (06) 8735464. Please keep a copy for your Club / Branch records.