

APPENDIX G: Incident Report Form

File your Incident Reports online at <http://www.ponyclub.org/?page=Incident>. Or print this page and mail to: USPC Safety Committee, 4041 Iron Works Parkway, Lexington, KY 40511.

USPC INCIDENT REPORT FORM

For USPC use only

This section is to be completed by local, regional, or national official (DC/ CA/RS, Safety Officers–SO, or other designated person–DP) who should note the circumstances..

DC/CA/RS/SO/DP Name _____ Phone _____

Club/Center/Group _____ Region _____

Person Involved in Incident:

Name _____ Date of Birth _____ Gender ____ Current Certification _____

Club/Center/Other _____ Region _____

Parent/ Guardian Name _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Incident Information:

Date of Incident _____ Incident involved (Check all that apply):

- PC Member/Rider Parent Volunteer
 Spectator Official PC Member Unmounted
 Other _____

Location of Incident _____

Address _____ City/State/Zip _____

- Incident involved the head. Yes No Member showed signs of a concussion. Yes No
Member was pulled from participation. Yes No Member returned to participation after a break. Yes No
Individual/Parent was given a Concussion Return to Play Form to complete. Yes No

Indicate where the incident occurred:

- Stable Show ring Dressage ring Warm up area Cross Country Course
 Parking area Other: _____

Type of Pony Club activity:

- Mounted Meeting Unmounted Meeting Rally Camp
 Fundraiser (describe) _____ Other (describe) _____

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Discipline involved (if applicable):

- Dressage Eventing Games Polocrosse Quiz Show Jumping Tetrathlon
 Western Dressage Hunter Seat Equitation Gymkhana Western Trail

If the incident involved jumping:

- Show Jumping Cross Country Hunter Seat Equitation

What type of fence _____ Approximate height: _____

Describe what happened:

Describe nature of injuries:

Please check if person involved:

- No injury observed
 Required no treatment, continued with activity
 Required no treatment, but declined to continue with activity
 Required treatment, returned to activity
 Required treatment, was unable to continue with activity
 Serious injury, was transported to hospital

Protective Equipment Used:

- ASTM/SEI Helmet—please provide make, model, and year _____
 Other Helmet Type—please provide make, model, and year _____
 Protective Vest— Impact Inflatable None
If vest was used, please provide make, model and year _____
 Safety stirrups (Type) _____
 Other _____

Contributing factors to the accident:

- Weather (explain) _____
 Footing (explain) _____
 Distractions (give details) _____
 Other _____

Please mail or fax (859-233-4652) all incident report forms to:

USPC Safety Committee
4041 Ironworks Pkwy
Lexington, KY 40511

In the case of a very serious incident, please report to USPC Executive Director or Executive Assistant as soon as possible. 859-254-7669 or email to: executivedirector@ponyclub.org or execassistant@ponyclub.org.