

Incident Report Form



IMPORTANT: Do not make any public statements or admit fault of any kind. Do not say or imply that the incident was your own fault or that of your staff or premises. The completion of this form is not an Admission of Liability.

Name of Insured or Policy Holder

(this should not be the Person who was injured or had property damaged)

Policy Number **Expiry Date**

Name of Person Completing Report

Affiliated Club / Ride/ Member Name (if applicable)

Affiliation No / Membership No

Address

Telephone **Email**

Type of Activity being conducted at time of incident

Official Ride Other Ride Training Day Riding Lesson Trail Ride
Distance _____ Distance _____ Other Club Group Clinic
Activities Individual

Injured Person Information

Name **Age**

Address

Telephone **Email**

Was this person a Participant Spectator Volunteer

Rider Experience Beginner / Novice Intermediate Advanced

Incident Information

Date of Incident **Time** **AM/PM**

Address of incident

Weather Conditions Fine Hot Other
Raining Temperature _____

Ground Conditions Dry Wet Undulating Other
Hard Soggy

Location of incident Competition Area Parking Area Warm Up Area General Riding Area
Other _____

