



VICTORIAN ENDURANCE RIDERS ASSOCIATION Inc

INCIDENT REPORT

This Report should be completed whenever an incident occurs at a ride.

An incident may include accidents where injury has occurred to riders, volunteers or spectators or where property damage has been sustained. Severe horse injuries or catastrophes are to be reported on the Invasive Treatment forms.

The Incident Report is to be completed by the Ride Organiser. When the report is completed, a copy should be retained by the Ride Organiser with a copy being forwarded to the VERA Inc Secretary as soon as possible after the ride.

The purpose of this Report is to obtain details of incidents in case insurance claims arise at a future date. The report should only contain **facts** and **eye witness accounts**.

RIDE NAME: ..... DATE: .....

RIDE BASE ADDRESS: .....

.....

**INCIDENT DETAILS:**

Date & Time of Incident	
Location of Incident	
Nature of Incident (collision, fall, etc)	
Description of Incident	
Names & Contact Details of all persons involved in Incident  (Eyewitnesses to complete second page)  (If insufficient room, please attach additional sheets)	
Name & Contact Details of person making the Report	
Signature of person making the Report	Date
Signature of Ride Organiser	Date

## INCIDENT REPORT CONTINUED

### EYEWITNESS ACCOUNTS:

Name & Contact Details of Eyewitness	
Eyewitness involvement in Incident	
Summary of what occurred	
Signature of Eyewitness	Date

Name & Contact Details of Eyewitness	
Eyewitness involvement in Incident	
Summary of what occurred	
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