



HORSE COUNCIL BC

ACCIDENT REPORT FORM

To be completed by a member of the Competition Organizing Committee if competition does not require a steward. Keep a copy for your records and forward a copy to HCBC.

Name of Competition: _____

Location _____ Date: _____

As part of the competition (i.e. on course or in the ring)? _____

On the grounds not directly involving the competition (i.e. involving spectators, loading a horse, in stabling area, etc.)? _____

Where did the accident occur? _____

Cause of the accident: _____

Describe injuries _____

Was a professional medical person in attendance? _____

Describe care given, if any? _____

Was injured person transported to hospital? _____

By ambulance, or other means? _____

Was injured person hospitalized? _____

Name of injured person: _____ HCBC # _____

Phone Number _____

Address _____ City _____

TO THE BEST OF MY KNOWLEDGE, ALL THE INFORMATION PROVIDED HEREIN IS TRUE AND COMPLETE. To be signed by attending medical officer or competition management

Date _____

Signature _____

Name _____ Phone Number _____

Email _____