



Injury/Incident Report Form

A Club Official (not the member) should complete this form in duplicate on the day the the injury / incident occurs.

* One copy to be retained by the Club

* One copy to be sent to PCAV (the original)

Details of the member who has been injured or caused property damage

Card No: (Riding /Associate Members) Member Type: (please tick)
Pony Club: Riding (up to 17 yrs)
First Name: Associate (17-21 yrs)
Last Name: Adult Supporter/Volunteer
Address: Official
Suburb: Post Code: Other (specify)
Parent / Guardian (if under 18):

Injury/Incident Details

Place of Injury/Incident Day of the week:
PCAV Zone: Date:
Event: Approx Time: AM/PM
Reported by: to:
What was the member doing when the injury/incident occurred?:

Was the member authorised to perform this task/function? Yes No
How did the injury/incident occur?

Nature and extent of the injury/incident?

Action Taken:

Did the member receive first aid treatment? Yes No
Did the member stay for the remainder of the rally? Yes No
Was an ambulance used? Yes No
If yes, what time did it arrive? Time:
Did the member go to hospital? Yes No
If yes, which hospital?
Hospital address:
Doctor who attended the member:

Witnesses to the injury/incident

1. Name: Phone:
2. Name: Phone:
3. Name: Phone:
Form completed by: Position:
Club Secretary signature: Date:
Club DC/President signature: Date:

NOTE: This is a report form, not an insurance claim form

CLAIM FORM REQUIRED? YES NO