



Incident Report Form

(To be sent to RDASA State Office within 7 days of date of Incident OR Accident)

Centre Name			
Centre Address			
Telephone		Email	
Name of Person Completing Report			

Type of Activity being conducted at time of incident

Competition → Discipline _____

Carriage / Riding Lesson Trail Ride Other Club Activity → Specify: _____

Horse Related → Horse Name _____ Non Horse Related

Injured Person Information

Name			Age	
Address				
Telephone		Email		

Was this person a: → Participant Spectator Volunteer Other

Incident Information

Date of Incident		Time	AM / PM
Address of Incident (If Different to Centre Address)			

Weather Conditions Fine Hot Cool / Raining Other → _____

Ground Conditions Dry Wet Undulating Hard

Other _____

Location of Incident Competition Area Tie up Area General Riding Area
Office Other _____

Injury Sustained None Visible Fracture Sprain Bruise / Contusion Abrasion / Laceration
Concussion Heat Related Other

Injury Area Head Face Neck Chest Abdomen Back
Shoulder Arm Elbow Wrist Hand
Hip Leg Knee Ankle Foot Other

Immediate Action No Injury. Activity Continued First Aid Given Ambulance Called
Released to Parent / Carer Refused First Aid Refused Ambulance



Riding for the Disabled Association of South Australia

Coach on Duty

**Full Description
how Incident
Occurred.**
(If insufficient
space, attach a
statement)

**Details of Action
taken to Prevent
recurrence**

DECLARATION

Was Incident/Accident Witnessed? Yes No By Whom:

**Signed by Coach or
Centre Committee
Member**

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Date

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PRINT NAME:

Role at Centre

To be lodged with RDASA within 7 days of *incident or accident*.
For all Accidents (requiring first aid), please forward a copy of incident report to RDAA within 7 days.