

Incident / Accident Report Form

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

Accident (First Aid Applied) ☐ Incident (Near Miss) ☐
All rider falls are assessed as accidents

Centre Name			
Centre Address			
Telephone		Email	
Name of Person Completing Report			
Coach On Duty			

Injured Person Information

Name			Age	
Address				
Telephone		Email		

Was this person a: Participant ☐ Volunteer ☐ Spectator ☐ Other ☐ _____

Incident Information

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

Type of activity being conducted at time of incident

Riding Lesson ☐ Carriage Driving ☐ Unmounted Program ☐ Horse Care/Feeding ☐
Competition ☐ (details) _____ Other Club Activity ☐ (details) _____

Location of Incident Tie up Area ☐ General Riding Area ☐ Paddock ☐ Office ☐ Other ☐ _____

Horse Related Yes ☐ Horse Name _____ Not Horse Related ☐

Weather Conditions Fine ☐ Hot ☐ Cool / Raining ☐ Windy ☐ Other ☐ _____

Ground Conditions Dry ☐ Wet ☐ Undulating ☐ Hard ☐ Other ☐ _____

Injury Sustained Non-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 ☐

