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## ACCIDENT RECORD

***TO BE FILLED OUT BY WITNESS, RIDE MANAGER AND RULES INTERPRETER***

Date of Event/Ride: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Name of Event/Ride: \_\_\_\_\_

Location Address: \_\_\_\_\_

Person Injured: \_\_\_\_\_ Phone: \_\_\_\_\_

Give a brief Description of Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Equine(s) involved: \_\_\_\_\_

Owner: \_\_\_\_\_

Handler: \_\_\_\_\_

Was First Aid given? Yes \_\_\_ No \_\_\_

If yes, by whom: \_\_\_\_\_

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Were Paramedics called? Yes \_\_\_ No \_\_\_

Was the injured person taken to the hospital? Yes \_\_\_ No \_\_\_

Did the injured person REFUSE medical treatment? Yes \_\_\_ No \_\_\_

Other information you consider important: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of person filing report: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***WITHIN 24 HOURS OF ACCIDENT SEND THIS FORM TO NATRC™ OFFICE***