Southlands Riding Club
Accident, Injury & Concussion
Incident Investigation Report Form

General Manager: Megan Wilton
Email: SRCGM@SouthlandsRidingClub.com
Office: 604-263-4817 Cell: 778-837-3038

Call 9-1-1 immediately for loss of consciousness or suspicion of concussion
Contact the GM during all ambulance calls

☐	**FATALITY**	☐	**SERIOUS ACCIDENT / INJURY**
☐	**MINOR INJURY (NO AMBULANCE)**	☐	**NEAR MISS**

Date of incident:		Injured Party:	Person (only) ☐	Horse (only) ☐	Person & Horse ☐
Person Name:			Birthdate MM/DD/YY:		
SRC Club Member:	Yes ☐	No ☐	Emergency contact is located?	Yes ☐	No ☐
Horse Name:		Owner Name:		Phone:	

Incident Description:

Possible head injury / concussion: ☐ Yes ☐ No

Other injury (explain):

Southlands Riding Club
Accident, Injury & Concussion
Incident Investigation Report Form

Attending First Aid (name):	Phone:

Treatment:

☐	Onsite	☐	Transported via ambulance	☐	None
☐	Refused	☐	Personal transport to hospital (by who?)		
☐	Other (describe):				

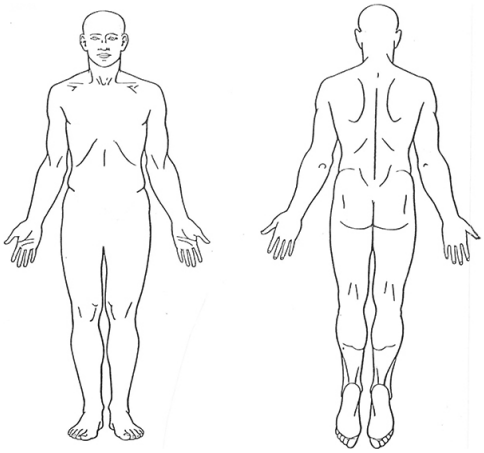
Location of incident:

☐	Indoor Ring	☐	McCutcheon	☐	Carnarvon
☐	Covered Ring	☐	Track	☐	Dressage Ring
☐	Big Ring			☐	McCleery
☐	Covered Lunge Pen	☐	Open Lunge Pen		
☐	Other (Describe):				

Brief description of accident and note any evident injuries or symptoms:

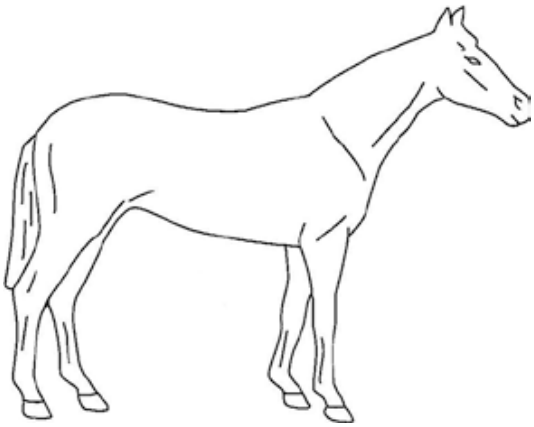
Southlands Riding Club
Accident, Injury & Concussion
Incident Investigation Report Form

Indicate area(s) of injury to person



Comments

Indicate area(s) of injury to horse:



Comments:

Witness(es):

Witness Name(s)	Phone	Email

Follow up:

Southlands Riding Club
Accident, Injury & Concussion
Incident Investigation Report Form

Date report completed:
Print Name:
Signature:
Phone:
SRC Representative (if applicable)
Print Name:
Signature:
Date: