

# CHJA HORSE SHOW INCIDENT REPORT

FILING PARTY: \_\_\_\_\_

TITLE IF SHOW STAFF \_\_\_\_\_

Or

OTHER ( WITNESS, PARENT, FACILITY STAFF, ETC) \_\_\_\_\_

NAME OF PERSON INVOLVED IN INCIDENT \_\_\_\_\_

APPROXIMATE AGE: \_\_\_\_\_

MINOR \_\_\_ ADULT \_\_\_

CONTACT INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF MINOR, ATTENDING ADULT (Parent, Trainer, Guardian, etc.) \_\_\_\_\_

Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Result of incident: (Check any that apply)

\_\_\_\_ EMT Called, Report Filed

\_\_\_\_ Refused treatment

\_\_\_\_ Ambulance called

\_\_\_\_ Transported to hospital

\_\_\_\_ By ambulance

\_\_\_\_ By private conveyance

Transporting authority (Parent, EMT, Ambulance Crew) \_\_\_\_\_

\_\_\_\_ Retired from competition

\_\_\_\_ Continued competition

Signed: \_\_\_\_\_

Date and Time: \_\_\_\_\_

