

CHJA Steward Injury Report Form

1. Injured person _____

2. Date/Time of Incident _____

3. Competition Name/Location _____

4. Category of Participation: Rider___ Handler___ Groom___ Spectator___ Official___
Ring/Jump Crew___ Volunteer___ Other _____

5. Location on grounds where injury occurred _____

6. Name and type of class (if during or in preparation for a class) _____

7. Type of jump and height (if applicable) _____

8. Fence: Safety Cups? Yes___ No___ Not applicable___

9. Describe what happened: _____

10. Witnesses, if any:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

11. Protective Equipment Worn: ASTM/SEI Helmet Yes___ No___

Unapproved Helmet Yes___ No___

12. Other Contributing Factors: (eg Footing/Weather/Loose Dog? Golf Cart, etc):

13. Additional Information or Comments: _____

Report Completed By _____

