

ACCIDENT / INCIDENT REPORT FORM

EVERY ACCIDENT / INCIDENT **MUST** BE REPORTED TO S.J.I. ON THIS FORM **WITHIN 48 HOURS** AFTER THE SHOW.
WHEN FILLING IN THIS FORM, PLEASE WRITE CLEARLY USING **CAPITAL LETTERS**.

S.J.I. Office Use: Ref. No.

SHOW / VENUE NAME:	DATE OF ACCIDENT:	TIME:
CHIEF SAFETY OFFICER NAME:	CONTACT No:	WEATHER CONDITIONS: <input type="checkbox"/> WET <input type="checkbox"/> DRY <input type="checkbox"/> OTHER
DETAILS OF INJURED PERSON:		
NAME OF INJURED PARTY:	SJI MEMBERSHIP NO:	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> RIDER <input type="checkbox"/> SJI MEMBER <input type="checkbox"/> TEMPORARY MEMBER <input type="checkbox"/> PUBLIC <input type="checkbox"/> OTHER	CONTACT DETAILS:	
ADDRESS OF INJURED PARTY:	DATE OF BIRTH: AGE:	
WAS THE RIDER: <input type="checkbox"/> UNHURT <input type="checkbox"/> MINOR INJURIES <input type="checkbox"/> SERIOUS INJURIES <input type="checkbox"/> OTHER	GUARDIAN / PARENT NAME:	
DESCRIPTION OF INJURY: <i>(BE AS SPECIFIC AS POSSIBLE – ASK INJURED PERSON / MEDIC ASSISTING)</i>	TEL. NO:	

ACCIDENT DETAILS:	
BRIEF DESCRIPTION OF ACCIDENT: <i>(OBTAIN FROM INJURED PERSON OR SHOW OFFICIAL/PERSON WHO OBSERVED. OBTAIN EACH PERSONS FULL DETAILS AND COMPLETE ON THE WITNESS STATEMENT FORM)</i>	
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
EXACT LOCATION OF ACCIDENT:	<input type="checkbox"/> PRACTICE ARENA <input type="checkbox"/> INDOOR ARENA <input type="checkbox"/> OUTDOOR ARENA <input type="checkbox"/> LORRY PARK AREA <input type="checkbox"/> OTHER
WAS THE HORSE/PONY:	<input type="checkbox"/> RIDDEN <input type="checkbox"/> LED BY WALKER <input type="checkbox"/> LED BY RIDER <input type="checkbox"/> LOOSE <input type="checkbox"/> OTHER
WAS THE INJURED PERSON:	<input type="checkbox"/> WITH ONE HORSE <input type="checkbox"/> WITH A GROUP OF HORSES <input type="checkbox"/> FLATWORK <input type="checkbox"/> SHOW JUMPING <input type="checkbox"/> OTHER
WAS THE HAT DISPLACED DURING ACCIDENT:	<input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> YES <i>TICK APPROPRIATE</i>
STANDARD OF HAT WORN:	<input type="checkbox"/> CE MARKED HAT; QUALITY SYMBOL DISPLAYED:- <input type="checkbox"/> BSI KITE MARK <input type="checkbox"/> SAI GLOBAL SYMBOL <input type="checkbox"/> OFFICIAL SNELL SYMBOL
WAS BACK PROTECTOR / HARNESS WORN:	<input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> YES STANDARD OF HARNESS WORN:
DID THE INJURED PERSON:	<input type="checkbox"/> COMPETE AFTER <input type="checkbox"/> LEFT SHOW TO ATTEND HOSPITAL <input type="checkbox"/> OTHER
WAS THERE ANY OTHER CONTRIBUTORY FACTORS THAT LEAD TO ACCIDENT:	<input type="checkbox"/> NOISE <input type="checkbox"/> MACHINERY <input type="checkbox"/> WEATHER <input type="checkbox"/> OTHER
WAS THERE DAMAGE DONE TO VEHICLE / PROPERTY:	<input type="checkbox"/> No <input type="checkbox"/> Yes [IF YES, ATTACH DETAILS OF OWNER, VEHICLE, INSURANCE DETAILS & DESCRIPTION]

TREATMENT DETAILS:	
WAS MEDICAL ASSISTANCE PROVIDED: <input type="checkbox"/> No <input type="checkbox"/> YES - <i>TICK APPROPRIATE</i> <input type="checkbox"/> QUAL. FIRST AIDER <input type="checkbox"/> AMBULANCE <input type="checkbox"/> DOCTOR <input type="checkbox"/> OTHER	
ATTENDED TO BY:- NAME: STATUS: CONTACT DETAILS:	
BRIEF DESCRIPTION OF MEDICAL ACTION PROVIDED, INCLUDING DETAIL OF KNOWN INJURIES AND TREATMENT PROVIDED:	
<p>.....</p> <p>.....</p> <p>.....</p>	

DETAILS OF ANIMAL:	
NAME OF ANIMAL INVOLVED:	<input type="checkbox"/> HORSE <input type="checkbox"/> PONY <input type="checkbox"/> OTHER
OWNER OF HORSE / PONY:	SJI REG. NO OF ANIMAL:
WAS THE HORSE / PONY INJURED: <input type="checkbox"/> No <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> SERIOUS INJURY <input type="checkbox"/> KILLED / DESTROYED <input type="checkbox"/> OTHER	OWNERS SJI MEMBERSHIP NO.
ADDRESS OF OWNER: <i>(IF DIFFERENT FROM INJURED PERSON)</i>	

ACCIDENT / INCIDENT REPORT FORM

SKETCH OF SCENE:

[NOTE: PLEASE INCLUDE PHOTOGRAPHS OF THE ACCIDENT LOCATION AND SUBMIT WITH ACCIDENT REPORT]

PREVENTATIVE ACTION PLAN:

DETAIL IMMEDIATE CORRECTIVE ACTION TAKEN:

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DETAILS FUTURE PREVENTATIVE ACTION: TICK APPROPRIATE SUGGESTED SHOW ORGANISER TO IMPLEMENTED GOING FORWARD

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PATIENT / PARENT / GUARDIAN - REFUSED MEDICAL TREATMENT OFFERED:

SIGNATURE: NAME: STATUS: DATE:

WITNESS TO ABOVE REFUSAL OF MEDICAL TREATMENT OFFERED: *(OBTAIN WITNESS DETAILS AND COMPLETE WITNESS REPORT FOR SAME)*

NAME: STATUS: CONTACT NO: DATE:

SUMMARY OF WITNESS REPORTS PROVIDED: (NAMES, STATUS & CONTACT DETAILS)

NOTE: COMPLETE ATTACHED WITNESS STATEMENT FORM, ENSURE EACH WITNESS SIGN AND DATE

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No. of ATTACHMENTS PROVIDED WITH ACCIDENT REPORT TO SJI OFFICE:

..... NUMBER OF WITNESS STATEMENTS NO. OF PHOTOGRAPHS MAP / DRAWING OTHER:

SIGNATURE	PRINT NAME OF PERSON(S) INVOLVED	STATUS	DATE	CONTACT DETAILS
		SHOW CHIEF SAFETY OFFICER		Mob Email
				Mob Email
				Mob Email

**RETURN FORM (FULLY COMPLETED) WITHIN 48 HOURS AFTER THE SHOW TO THE CIRCULATION LIST BELOW. PLEASE INCLUDE PHOTOGRAPHS WHERE POSSIBLE.
 CIRCULATION: EMAIL AND POST ORIGINAL TO SJI OFFICE; COPY TO BE RETAINED BY SHOW SECRETARY.**

For SJI Office Use Only: [PROCESSED BY:]
 DATE SJI RECEIVED: VIA POST EMAIL BOTH
 DATE NOTIFIED INSURERS:
 ENTERED IN SJI ACCIDENT DATABASE: YES



ACCIDENT / INCIDENT REPORT FORM
WITNESS STATEMENT REPORT

S.J.I. Office Use:
Ref. No.

ENSURE TO SUBMIT ALL WITNESS STATEMENTS WITH THE ACCIDENT / INCIDENT REPORT FORM.
WHEN FILLING IN THIS FORM, PLEASE WRITE CLEARLY USING CAPITAL LETTERS.

WITNESS NAME:

NAME OF INJURED PERSON:	SHOW NAME:	DATE:
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Please describe fully how accident occurred including details of WHERE and WHAT you observed (including events that occurred immediately before the accident):

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Continue on back of form if require more space

SKETCH THE SCENE OF THE ACCIDENT / INCIDENT: *Note: photos should also be taken of area without delay*

WITNESS TO SIGN AND COMPLETE BELOW:

'I have read the foregoing, and I am satisfied that it is a genuine account of what happened'

Signature: Status / Title: Date:

Contact Details: Mobile: Tel: Email:

Photographs provided by Witness: No / Yes - Total Number Provided via Email Printed Photograph Other



ACCIDENT / INCIDENT REPORT FORM

WITNESS STATEMENT REPORT

ENSURE TO SUBMIT ALL WITNESS STATEMENTS WITH THE ACCIDENT / INCIDENT REPORT FORM.
WHEN FILLING IN THIS FORM, PLEASE WRITE CLEARLY USING CAPITAL LETTERS.

CONTINUE FROM PREVIOUS PAGE – to describe fully how accident occurred including details of WHERE and WHAT you observed:

A large rectangular area enclosed by a black border, containing 25 horizontal dotted lines for writing a witness statement.