

**AERA** 

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## INCIDENT REPORT - PERSONAL INJURY OR PROPERTY DAMAGE

This report is to record any injury sustained by any person or damage to any property (includes a horse), whether incurred at the ride base or on course. This report provides the primary information should a subsequent insurance claim be made against the ROC, Ride Officials or the AERA following such injury or damage. Any person may complete this Incident Report which must be lodged with the chief steward before departing the ride base at the completion of the event. A separate Incident Report form must be used for each Incident and for each witness to the incident.

NAME OF EVENT:			STATE		DATE OF EVENT
CHIEF STEWARDS NAME:	PHONE:			EMAIL:	
NAME OF DEDCON COMPLETING THIS DEDON'T		CTCNATURE.			
NAME OF PERSON COMPLETING THIS REPORT: SIGNATURE					
YOUR RELATIONSHIP TO THE INCDENT:					
( ) Injured party ( ) Owner of the damaged property ( ) Witness					
DETAILS OF INCIDENT:					
SPECIFIC LOCATION OF INCIDENT: e.g. VET RING, CAMP, ON COURSE DATE					TIME:
DESCRIPTION OF INCIDENT: (IF SUFFICIENT SPACE ATTACH A SEPERATE PAGE).					
CONTACT DETAILS OF EACH PERSON INVOLVED IN THE INCIDENT:					
NAME:	PHONE	PHONE:			
NAME:	PHONE:			EMAIL:	
NAME:	PHONE	<b>:</b>		EMAIL:	
CONTACT DETAILS OF ANY WITNESS TO THE INCIDENT:					
NAME:	PHONE:			EMAIL:	
NAME:	PHONE:			EMAIL:	
NAME:	PHONE	:		EMAIL:	
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