# Eventing Incident Review Template

**(To be completed in the case of serious injury as defined below)**

**A Serious Injury is defined as any injury or suspected injury to the head or spine that results in the admission of a rider into hospital.**

**In the case of a horse any injury that requires transfer to an equine hospital will be considered serious.**

**Event details**

Event Name: …………………………………………………………………………………………

Event Date……………………………………………………………………………………….

Class: …………………………………………………………………………………………………

State……………………..

**Injured Party Details** (check box)

 [ ]  Rider [ ]  Horse [ ]  Official [ ]  Spectator:

Injured Party Name…………………………………

Person Responsible (If Horse)………………………….Parent/Guardian (If Junior)…………

Contact Details

Phone……………………………………. Email……………………………….

**Details of Incident**

**Phase of Event**

XC [ ]  Dressage [ ]  SJ [ ]  W/up [ ]  [ ]  Truck park

Other……………..

Time of incident occurring: …………………………………..

Weather: …………………………………………………………………..

Ground conditions: …………………………………………….

What happened ........................................................................................................................

…………………………………………………………………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………

**Response**

**Medical Service on the grounds**

**Response time to incident (estimate of elapsed time from incident)………………..**

**Brief description of injury and service provided……………………………………..**

**………………………………………………………………………………………………….**

**…………………………………………………………………………………..**

**External Medical Service: N/A** [ ]  **Road** [ ]  **Air** [ ]

**Response time to incident (estimate of elapsed time from incident)………………**

**Veterinary Service**

**Response time to incident (estimate of elapsed time from incident)………………..**

**Brief description of injury and service provided……………………………………..**

**………………………………………………………………………………………………….**

**…………………………………………………………………………………..**

**Witness details**

**Name………………………capacity (eg spectator, fence judge, marshall, TD etc) ….............................**

**Phone Number………………………..email………………………………..**

**Witness details**

**Name……………………………capacity (examples above)….............................**

**Phone Number………………………..email………………………………..**

**Witness details**

**Name……………………………capacity (examples above)….............................**

**Phone Number………………………..email………………………………..**

**Witness details**

**Name……………………………capacity (examples above)….............................**

**Phone Number………………………..email………………………………..**

**Attach any witness statements using FEI templatePreliminary assessment of contributing factors**

**Injured Party actions eg dangerous riding, unauthorised crossing of XC track………………………………………………**

**…………………………………………………………………………………………………**

**Event Infrastructure eg XC course or fence construction or design, stables, separation of public**

**………………………………………………………………………………………………….**

**…………………………………………………………………………………………..**

**Event process eg XC control, management of footing etc…………………**

**…………………………………………………………………………………………….**

**Other……………………………………………………………………………**

**…………………………………………………………………………………………..**

**……………………………………………………………………………………………**

**Recommendations for Immediate Attention……………………………………………**

**………………………………………………………………………………………………**

**…………………………………………………………………………………………………..**

**…………………………………………………………………………………………………….**

**Report Completed by**:

Name…………………………………………Phone……………………..email…………………

**Event Officials**

TD…………………………… CD……………………………

**To be notified:**

* National Safety Manager (reporting@equestrian.org.au)
* GM – Business Operations & Integrity info@equestrian.org.au)
* State CEO of event location
* Tasmania: office@equestriantas.com
* Victoria: admin@equestrianvictoria.com.au
* NSW: info@ensw.org.au
* Queensland: enquiries@equestrianqld.com.au
* WA: reception@equestrianwa.org.au
* SA: admin@equestriansa.com.au