

If an injury has occurred this form must be submitted by a member of the Organizing Committee or the Steward/TD.

Completed forms must be submitted to AEF within 24 hours after occurrence of the incident.

1. INDIVIDUAL INVOLVED

☐ MINOR ACCIDENT/INJURY

☐ MAJOR ACCIDENT/INJURY

☐ MEDICAL SUSPENSION FROM COMPETITION

☐ FATALITY

Injured Party(ies):

☐ Person

☐ Horse

☐ Competitor

☐ Official

☐ Groom

Select all that applies

☐ Other: _____

Person Name: _____ AEF #: _____

Birth Date: _____ Gender: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Horse Name: _____ Horse Age: _____

Owner Name: _____ Phone #: _____

2. COMPETITION INFORMATION

Competition Name: _____

Date: _____ Time: _____

Location: _____

Organizer: _____ Phone #: _____

3. INCIDENT DESCRIPTION

☐ Possible head injury/concussion. Medically suspended from competition

☐ Other Injury: _____

☐ Approved to Compete. Provide Explanation: _____

4. TREATMENT

☐ Onsite ☐ Transported ☐ None ☐ Refused ☐ Personal transport to hospital

☐ Other: _____

By Whom: ☐ EMT/Paramedic ☐ Doctor ☐ Veterinarian ☐ Spectator ☐ Official

☐ Other: _____ Name: _____

5. LOCATION OF INCIDENT

☐ Warm-up ☐ Stabling ☐ Competition Arena

☐ Other: _____

Type of Class: _____ Name of Class: _____

Type of fence (if applicable): _____ Approximate Dimensions of fence: _____

Fence Safety Cups: ☐ Yes ☐ No ☐ Other: _____

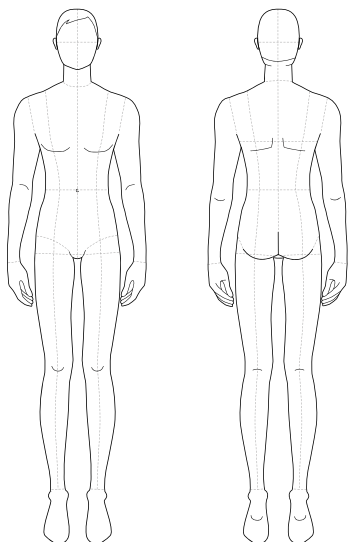
6. INCIDENT DESCRIPTION

Provide a brief description of the incident and note any symptoms

Please Print

7. AREA OF INJURY - PERSON

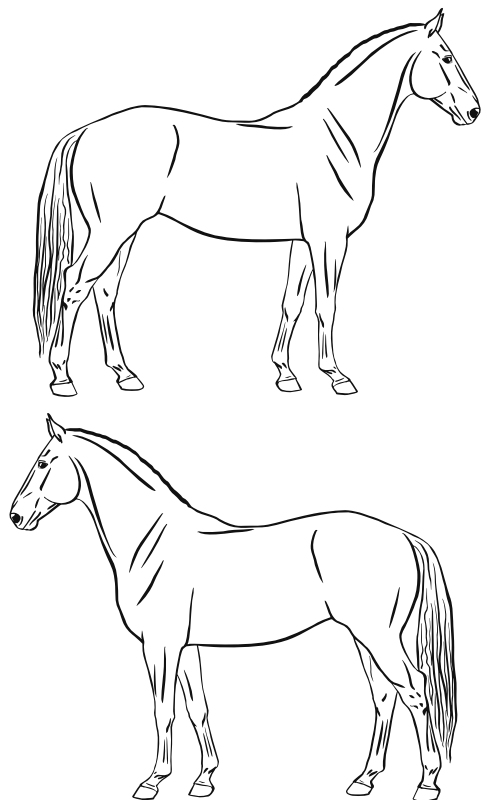
Comments:



Please Print

8. AREA OF INJURY - HORSE

Comments:



Please Print

9. WITNESS

Did you witness the incident? ☐ Yes ☐ No

If No, who reported the incident?:

Name	Email	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Attach a statement from Witness or medical officer if available

10. SIGNATURES

Name of Steward/TD/Competition Manager: _____ AEF #: _____

Signature: _____ Date report completed: _____

Name of Attending
Medical Personnel: _____

Signature: _____

Submit completed forms to Alberta Equestrian Federation

Email: competitions@albertaequestrian.com

Fax: 403.252.5260