

## Adelaide Hills Adult Riders- Incident Report

To be completed by relevant persons and an AHAR Committee member

Incident Type:
Injury Illness Fall from Horse Environmental
Date occurred:/ Time (24hr):
Location:
During AHAR Rally Lesson Immediately before or after AHAR Rally Lesson
Other (Please specify)
Personal details:
Full Name:
Address:
Email Address:
Date of Birth:/ Phone Number:
Male Female AHAR Member AHAR Day Member Visitor
Incident details: (Describe the incident including the bodily location, chemical product, incident process or equipment involved)
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Witnessed by:
Injury/Illness details:
First aid received:
Was the person referred to: Doctor Emergency Department Not to continue riding
Details:
Copy of incident form forwarded to Insurance Company
Yes
AHAR Committee member name and signature:
Injured Person Name and Signature:
Date:/