

British Riding Clubs - Reporting Incident Form(DS44) (Confidential When Completed)

Club Name & address in full:		Venue where incident occurred, (if different):	
Post Code		Post Code	
Date of accident/ Incident:		Time of accident/Incident:	
Name of Event - (if applicable):			
Element of the Event - (if applicable)::	Dressage <input type="checkbox"/>	Show Jumping <input type="checkbox"/>	Cross Country <input type="checkbox"/>
Event - Other <input type="checkbox"/>			

Rider or Injured party:

Rider's number	Rider's/Injured party's name	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
	Horse's name	Junior: <input type="checkbox"/>	Senior: <input type="checkbox"/>

NOTE: DO NOT under any circumstances admit responsibility, either verbally or in writing.

DO NOT offer or promise payment for any damage to the claimant's vehicle or property or as compensation for injury - if you do, you may invalidate your insurance cover.

Formal Claims – where you notified or led to believe that a formal claim may be made by a party?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Life Changing i.e. paralysis, brain injuries, spinal injuries, amputations etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Concussion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Loss of sight?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Death/s – any occurrence of human death?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Broken bones barring individual fingers or toes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Accident Book: Has an entry been made providing details of the incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	British Riding Clubs Accident, Incident & Fall Form completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Were the injured party/s hospitalised – Were they admitted to hospital, not necessarily if they are just taken to hospital and then discharged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medical Resources On Site:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	First Aider:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Paramedic:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Doctor:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Did First Response Medical Care (FREC®) / Paramedic / Doctor attend & completed their form	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Were any Emergency Services called?	Ambulance:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fire Brigade:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Police:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a HSE RIDDOR form applicable been completed? http://www.hse.gov.uk/riddor/reportable-incidents.htm - Incident Contact Centre on 0345 300 9924	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Take Photographs - Remember the next person reading your report may never have seen the site of the incident

Wide view from different angles:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Closer in shots and remember that there is never enough of them:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has Insurance Company Been Notified & Which Section?					
Public Liability Injury Claims – 03301006479	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Public Liability Third Party Property Damage Claims – 03301006459	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a copy also been forwarded to British Riding Clubs. Tel No: 0247 684 0500 email: laura.sanger@bhs.org.uk	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Compiled by Signature:			Date:		
Print Name:			Position in Club/Area:		
Closed off by:			Date closed		