

ACCIDENT/INCIDENT REPORT FORM
Policy No.: SL 1101842-93
Blue Bridle Insurance Agency for Oregon Dressage Society, Inc.

INSURED NAME AND ADDRESS:
Oregon Dressage Society, Inc
C/O Corinne Stonier, Executive Director
PO Box 959 • Hillsboro OR 97123-0959

NOTICE: if an injury results in medical treatment, event management is REQUIRED to call the ODS Office Emergency Number IMMEDIATELY (503) 730-8036 to report and get further instructions. Thank you.

- Incident Report – no medical harm, no intervention; example: simple unseating
- Accident Report – medical treatment or intervention required
- Unsure of type of Report

PERSON SUBMITTING FORM: _____

EVENT: _____

DATE OF ACCIDENT: _____ TIME OF ACCIDENT: _____ AM / PM

LOCATION OF ACCIDENT(Include City & State): _____

ATTACH A SEPARATE PAPER DESCRIBING DESCRIBE THE ACCIDENT AND THE APPARENT CAUSE IN AS MUCH DETAIL AS POSSIBLE. BE SURE TO ACCURATELY DESCRIBE ANY INJURIES OR DAMAGES.

HUMAN INJURY

NAME OF INJURED PARTY: _____ AGE: _____

Is this person an ODS Member Yes No

IF A MINOR, NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____ PHONE NO.: _____

DID INJURED PARTY REFUSE TREATMENT AT THE SCENE? (YES / NO)

IF "YES", MEDICAL PROFESSIONAL WHO ATTENDED: _____

DID INJURED PARTY REFUSE AMBULANCE TRANSPORTATION TO A HOSPITAL? (YES / NO)

NAME OF HOSPITAL (IF TRANSPORTED): _____

EQUINE INJURY

NAME OF HORSE: _____ AGE: _____

OWNER: _____

ADDRESS: _____ PHONE NO.: _____

Was the Rider the same as the owner? Yes No Is the owner an ODS Member Yes No

DID OWNER REFUSE TREATMENT FOR THE ANIMAL AT THE SCENE? (YES / NO)

IF "NO", MEDICAL PROFESSIONAL WHO ATTENDED: _____

PROPERTY DAMAGE

ESTIMATE AMOUNT OF PROPERTY DAMAGE: \$ _____ DESCRIBE THE DAMAGED
PROPERTY: _____

POLICE/FIRE DEPT. WHO RESPONDED: _____

NAME OF OWNER: _____ PHONE NO. _____

ADDRESS: _____

IF THE ACCIDENT WAS HORSE RELATED, PROVIDE THE FOLLOWING INFORMATION:

NAME OF HORSE: _____ AGE OF HORSE: _____

NAME OF OWNER: _____ PHONE NO.: _____

ADDRESS: _____

USE OF HORSE (School Horse, Show Horse, etc.): _____

INDICATE HORSE'S EXPERIENCE IN THIS USE OR ACTIVITY: _____

USUAL TEMPERMENT OF HORSE: _____

PHYSICAL PROBLEMS OF HORSE/ RIDER THAT MAY HAVE CONTRIBUTED TO ACCIDENT:

DID THE INJURED PERSON RIDE THIS HORSE BEFORE? (YES / NO)

IF "YES", HOW OFTEN: _____

WITNESSES PRESENT: (PROVIDE NAMES, ADDRESSES AND PHONE NUMBERS)

- 1) _____
- 2) _____

Attach the witnesses' written accounts of the accident.

YOUR SIGNATURE: _____ DATE: _____

ATTACH A COPY OF THE SIGNED RELEASE FORM and ENTRY FORM (if applicable) and transmit to ODS Office – Forms must be RECEIVED within 48 hours of any incident; within 12 hours of any accident - EMAIL office@oregondressage.com or FAX: (503) 681-3873. Mail hard copy to the office after electronic transmission: PO Box 959 • Hillsboro OR 97123-0959.