

ACCIDENT/INCIDENT REPORT FORM

Please print neatly! This form is a legal document which will be faxed and needs to be legible!

NOTICE: if an injury results in medical treatment, event management is **REQUIRED** to call ODS IMMEDIATELY (503) 893-5254 to report and get further instructions. Thank you.

Policy No.: SL 1101842-93
Blue Bridle Insurance Agency for Oregon
Dressage Society, Inc.

INSURED NAME AND ADDRESS:
Oregon Dressage Society, Inc
PO Box 666 • Canby OR 97013

Type of Report

- 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 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: _____

