

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.: AML101904

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: _____

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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: SIGNED RELEASE FORM
ENTRY FORM (if applicable)
SEPARATE PAPER DESCRIBING THE ACCIDENT AND THE APPARENT CAUSE
WITNESSES ACCOUNTS OF ACCIDENT**

**EMAIL to ODSinfo@oregondressage.com – Forms must be RECEIVED within 48 hours of any incident;
within 12 hours of any accident –**

AND

Mail hard copy to ODS after electronic transmission: PO Box 666 • Canby OR 97013