



SASKATCHEWAN HORSE FEDERATION
ACCIDENT REPORT FORM

PLEASE TYPE OR PRINT CLEARLY

Club Name: _____ SHF Club #: _____

President: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Phone: _____ Fax: _____

Event Chairperson: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Phone: _____ Fax: _____

IS LEGAL ACTION: POSSIBLE? _____ UNLIKELY? _____ CERTAIN? _____

1. Date: _____ Time of occurrence: _____ am/pm

2. Event: _____

3. Location (exact legal description or address): _____

4. Incident occurred: Indoors or Outdoors (circle one)

5. Weather conditions (If outdoors): _____

6. Indoor events: Lighting conditions: _____

Temperature: _____

Other notable conditions: _____

7. Number of persons present at event: Club Members _____ Others _____

8. Number of persons witness to incident: _____

9. Number of persons involved in incident: _____ Minors: _____

10. Description of incident in detail: (attach additional sheets if necessary). Explain exactly WHAT happened, precise location of WHERE it occurred, WHO was involved, WHEN it occurred, any precipitating circumstances which might have led to the occurrence, and all actions which resulted

from the incident in attempting to deal with the incident (ie: what was done to help or correct the situation).

11. Was the use of alcohol or drugs noticed in any way? Yes No (circle one)

If yes describe HOW/BY WHOM: _____

12. If any injury resulted, state the nature of medical aid/treatment provided (if any) and by whom:

13. List the names of persons directly involved with this incident; attach all names with details listed below to this report:

Name: _____ Age: _____ Gender: Male / Female

Address: _____ Postal Code: _____

Phone (Home): _____ Phone (Cell): _____

14. List the names of any witnesses to the incident and attach to this report with full details as requested in # 13 above. Have witnesses sign the report on last page (if possible).

15. If a person (s) was (were) injured, please state names:

16. If an ambulance was called, state the name of company and ambulance attendant.

17. If person(s) transported to hospital, name hospital injured person(s) attending:

22. Witnesses: [refer to #14 previously]

I HEREBY VERIFY THAT I WAS PRESENT AND A WITNESS TO THE INCIDENT AS REPORTED HAVING OCCURRED AT THIS EVENT.

NAME OF EVENT: _____

NAME	ADDRESS	P CODE	TELEPHONE
<i>signature:</i>			
<i>Signature</i>			
<i>Signature</i>			
<i>Signature</i>			
<i>Signature</i>			

THIS REPORT IS COMPLETED AND SUBMITTED BY:

NAME: _____

ADDRESS: _____ CITY: _____

P CODE: _____ TEL(H): _____ TEL(B): _____

POSITION WITH CLUB/EVENT: _____

SIGNATURE _____ DATE: _____

SEND THIS REPORT IMMEDIATELY TO THE SHF OFFICE & RETAIN A COPY IN YOUR FILES FOR A PERIOD OF TWO YEARS FOLLOWING THE INCIDENT