

INCIDENT REPORT FORM – Attach Notes if Necessary

Your Name: _____ Policy Number: _____

Address: _____ Policy expiry date: _____

City: _____ Province: _____ P/C: _____ Phone #: _____ Fax #: _____

Injured Person(s) Name: _____

Address: _____

City: _____ Province: _____ Postal code: _____ Phone number: _____

Date of Accident: _____ Time of Accident: _____ (am / pm)

Location of Accident: _____

Weather Conditions: _____

Describe what happened: _____

Was an Ambulance called? Yes No How long before it arrived? _____

Was medical assistance provided before the ambulance arrived? Yes No

If "Yes", describe what assistance was given and by whom: _____

Was the injured person a minor? Yes No Age of the injured person: _____

Parent/Guardian Name(s): _____

Were any other people present who could describe what happened? Yes No

If "Yes", provide the following for each person:

Name	Address	Phone number
_____	_____	_____
_____	_____	_____

If the accident involved an equine provide the following information

Horse name: _____ Horse age: _____

Name of the horse's owner(s): _____

Address: _____

City: _____ Province: _____ Phone number: _____

Use of Horse at the time (i.e. School horse): _____

Describe physical problems of horse that may have been a contributing factor: _____

Indicate the horse's experience in this activity: _____

Had the injured person ridden this horse before? Yes No If "Yes", how often: _____

Did the injured person sign a Release Form? Yes No If "Yes", Attach a copy of the Signed Form

List any other details that are pertinent to the accident: _____

Your signature: _____ Date signed: _____