



Southlands Riding Club Incident Investigation Report Form

1. Riding Club Information:

Southlands Riding Club

Address: 7025 Macdonald Street, Vancouver BC V6N 1G2

General Manager: Warren Kean

Email Address: GM@SouthlandsRidingClub.com

Phone: Office: 604-263-4817 Cell: 604-369-3996

INJURY TO PERSONS

2. Injured person(s)

Last Name	First Name	Membership Type or Role

3. Location on Grounds, Date & Time of Incident

Location on Grounds where incident occurred (ie: Ring name, Track or Field location)		
Date of Incident (YYYY-MMM-DD)	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM

4. Type of Occurrence (select all that apply)

<input type="checkbox"/> Minor injury or no injury, but had potential for causing serious injury	<input type="checkbox"/> Dangerous incident involving a rider
<input type="checkbox"/> Serious injury to rider	<input type="checkbox"/> Death of rider
<input type="checkbox"/> Injury requiring medical treatment beyond first aid	<input type="checkbox"/> Other (describe)

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5. Witnesses

Last Name	First Name	Membership Type or Role	Phone Number

6. Nature of Serious Injury

<input type="checkbox"/> Life threatening or resulting in loss of consciousness	<input type="checkbox"/> Punctured lung or other serious respiratory conditions
<input type="checkbox"/> Major broken bone(s) in head, spine, pelvis, arms, or legs	<input type="checkbox"/> Injury in internal organs or internal bleeding
<input type="checkbox"/> Major crush injuries	<input type="checkbox"/> Injury likely to result in loss of sight, hearing, or touch
<input type="checkbox"/> Major cut(s) with sever bleeding	<input type="checkbox"/> Injury requiring CPR or other critical intervention
<input type="checkbox"/> Major penetrating injuries to eye, head, or body	<input type="checkbox"/> Other (specify):

7. Treatment received on site (if any) and by whom:

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8. Was an ambulance called? Yes No

9. Brief description of the incident:

Summarize the sequence of events and the resulting injury, if any:
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INJURY TO HORSE

10. Details of injured horse

Horse Name	Rider Name	Owner Name

11. Location on Grounds, Date & Time of Incident

Location on Grounds where incident occurred (ie: Ring name, Track or Field location)		
Date of Incident (YYYY-MMM-DD)	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM

12. Type of Injury (select all that apply)

<input type="checkbox"/> Minor injury or no injury, but had potential for causing serious injury	<input type="checkbox"/> Serious injury
<input type="checkbox"/> Injury requiring vet to attend incident	<input type="checkbox"/> Other (describe)

13. Witnesses

Last Name	First Name	Membership Type or Role	Phone Number

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14. Brief description of the incident:

Summarize the sequence of events and the resulting injury, if any:

15. Use the below space to expand on any information not captured above.

Signed and dated this _____ day of _____, 20____.

Print Name: _____

Signature: _____

SRC Representative (if applicable)

Print Name: _____

Signature: _____

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