

Raceday and Trial Incident Report (Jockeys)

RR

Mark selections clearly with a cross.

Section 1: Incident/Examination ID

Track Name _____ Day _____ Month _____ Year _____ Race No. _____
Riders Name: _____ Male Female

Was an examination performed? Yes No

Did an incident occur? Yes (Go to section 2) No (Go to section 3)

Section 2: About the Incident

Weather: Fine O'cast Shower s Raining
Visibility Good Poor Foggy
Wind Calm Light Moderate Strong

Name of Horse: _____ Incident Time _____ : _____
24:00 h

A. Activity

- Mounting
- Mounted
- Saddling
- Un-saddling
- Observing
- Standing on barrier
- Other (details below)

B. When

- Before race
- Prior to loading
- During loading
- When loaded
- On jumping away
- During race
- Pulling up
- Returning to mounting yard
- After race

C. Where

- Mounting yard
- Before race (on track)
- Barrier
- During race-straight
- During race- turn
- During race- jump
- During race - unknown
- After race (on track)
- Other (details below)

Approx. distance from finish _____
Jump Number _____

D. What (multiple)

- Rider fell
- Horse and rider fell
- Dragged by foot
- Kicked (back leg)
- Struck (front leg)
- Trampled
- Rolled on
- Crushed
- Hit by head
- Bitten
- Near-miss (detail below)
- Other (Detail below)

E. Cause (multiple)

- Fall
- Interference
- Clipped heels
- Brought down
- Bumped
- Startled/shied
- Horse unbalanced
- Rider unbalanced
- Bucked
- Reared
- Collapsed
- Knuckled
- Equipment failure
- Saddle slipped
- Horse slipped
- Horse hit jump
- Horse fell on landing
- Unknown
- Other (details below)

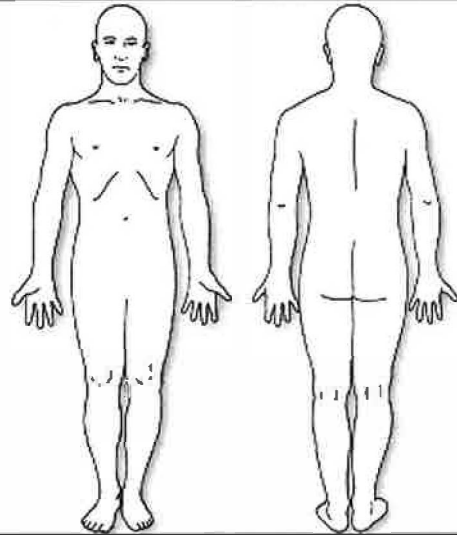
F. PPE and Risk Factors (complete for falls or impact to PPE)

Helmet Yes No
Make _____
Model _____
Age _____
Vest Yes No
Make _____
Model _____
Age _____
Stirrups Race iron
 Toe Stopper
 Bostock
 Other
Foot Position Toes only
 Ball of foot
 Full Foot
 Not specified

Section 3: Examination results

Significant findings detected? Yes No

Nature and location of injuries/symptoms: _____
Treatment / Other comments: _____
Diagnosis (if known): _____



Findings

Please provide as much detail as is available

Musculoskeletal Joint Dislocation
 Muscle Joint injury
 Tendon / ligament
 Bone (fracture)
 Neurological Head injury Unconscious (Time?)
 Spinal injury Fitting
 Eye injury Paralysis
 Integument Laceration Sensory changes
 Bruising / contusion
 Abrasion
 Puncture
 Abdominal Pain
 Internal haemorrhage
 Respiratory Coughing
 Respiratory distress
 Wheezing
 Chest pain
 Multiple Heat Stressed Temp: _____ °C
 Exhausted WBGT: _____

Comments on circumstances of incident (Note any hazards)

Is a follow-up hazard report recommended? Yes No

Witness Name: _____
Address: _____ Telephone: _____

Property Damage: No Yes (Provide details on back of this page)

Outcome

- No injury, returned to work
- Minor injury, no treatment returned to work
- First aid, returned to work
- First aid, off work
- Taken to hospital (name in comments above)
- Other (explain in comments)

Findings reported by

- Doctor
- Ambulance officer
- First aid officer
- Steward
- Other (explain in comments)

Follow-up medical report recommended? Yes

Medical clearance required before riding? Yes

Medical Official: Name: _____ Sign: _____
Industry Official: Name: _____ Sign: _____