DO NOT SEND ANY ELECTRONIC OR PHOTOGRAPHIC MATERIAL RELATING TO THE INJURY. RQ MAY REQUEST THIS AT A LATER DATE IF REQUIRED.

Raceday and Trial Incident Report (non-riding)

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Mark selections clearly with a cross. Section 1: Incident/Examination ID Section 2: About the Incident (cont) Track Name Time (24:00 hrs) Year Day Month Witness Name: L 1 Address: Telephone: Name:(Include initials) Address: Property Damage: No Yes Description: Phone: **Section 3: Examination results** DOB: Yes No Occupation: Significant findings detected? Male Experience in Role: Nature and location of injuries/symptoms: Female Employer: Company Name (If contractor) Was an examination performed? No Yes Treatment/Other comments: Name of Horse: Sex: Age: Trainers Name: Diagnosis (if known): Section 2: About the Incident Raining Weather: ☐ Fine O'cast Showers Visibilty Good Poor Foggy Wind Mild Moderate Strong A. Position **B.** Activity C. When D. Where Horse truck Leading Before race Jockey Horse trailer Start prior to loading Saddling Strapper Trainer TWN Assisting to mount Start during loading Horse Vehicle park Barrier duties Start when loaded Stalls Barrier Att. Internal road/path Hosing After race Starter Clerk Other (details below) Public road/path Grooming Start – on barrier Bandaging Veterinarian Start - on ground Vet procedure Track Staff Horse wash Loading/unloading Owner Other (details Other (detail below) Public Findings Please provide as much detail as is available below) Other (details 🗌 Joint Dislocation Musculoskeletal below) Muscle Joint injury G. PPE and Risk Factors Tendon / ligament E. What (multiple) F. Cause (multiple) (complete for falls or impact to PPE) Bone (fracture) Kicked (back leg) Startled/shied Bucked Struck (front leg) Helmet 🗌 Yes No No Pain Abdominal Trampled Reared Make Internal haemorrhage Rolled on Collapsed Crushed Equipment failure Model Hit by head Loose horse Respiratory Respiratory distress Bitten Horse slipped Age Wheezing Stood-on Unknown Chest pain Vest Yes □ No Other (detail below) Near-miss (detail below) Head injury Unconscious (Time?) Other (detail below) Neurological Make Spinal injury Fitting Eye injury H. Impacted Model Paralysis Laceration Barrier Sensory changes Age Integument Bruising / contusion Ground Other horse Abrasion Footwear Other (detail below) Puncture Leather boot/shoe Outcome Not applicable Medical findings reported by Boot with toecap No injury, returned to work Doctor Runners Minor injury, no treatment Ambulance officer Other returned to work First aid officer First aid, returned to work Comments on circumstances of incident (Note any hazards) Steward First aid, off work Other (explain in comments) Taken to hospital Died at track Follow-up medical report recommended? Yes Medical clearance required before working? Yes Medical Official: Name: Sign.

Is a follow-up hazard report recommended?

Yes

No

Industry Official:

Name:

Sign.