

# Track Riding Incident Report (Riders)

T R

Mark selections clearly with a cross.

## Section 1: Incident/Examination ID

Location	Day	Month	Year	Time (24:00 hrs)
<input style="width: 95%;" type="text"/>	/	/		:
Name:(Include initials)				
Address:				
Phone:				
DOB:		Occupation:		
<input type="checkbox"/> Male <input type="checkbox"/> Female		Experience in Role:		
Employer:				
Company Name (If contractor)				
Was an examination performed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Horse:			Age:	Sex:
Trainers Name:				

## Section 2: About the Incident (cont)

Witness Name:
Address:
Telephone:
Property Damage: <input type="checkbox"/> No <input type="checkbox"/> Yes Description:

## Section 3: Examination results

**Significant findings detected?**  Yes  No

Nature and location of injuries/symptoms:

Treatment / Other comments:

Diagnosis (if known):

## Section 2: About the Incident

**Weather:**  Fine  O'cast  Rain  Showers

**Visibility**  Good  Poor  Foggy

**Wind**  Calm  Mild  Moderate  Strong

### A. Position

- Jockey
- Track rider
- Strapper
- Trainer
- Other (details below)

### B. Activity

- Saddling
- Mounting
- Riding at walk
- Riding at trot
- Riding at canter
- Riding at gallop
- Jumping hurdle
- Jumping fence
- Dismounting
- Other (details below)

### C. When

- Before training
- Going to track
- Commencing training
- During training
- Pulling up
- Leaving training track
- Returning to stables
- Other (details below)

### D. Where

- Track - sand
- Track - grass
- Track - synthetic
- Internal road/path
- Public road/path
- Stalls
- Barrier
- Other (details below)

### E. What (multiple)

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

### F. Cause (multiple)

- 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)

### G. PPE and Risk Factors

(complete for falls or impact to PPE)

**Helmet**  Yes  No

Make

Model

Age

**Vest**  Yes  No

Make

Model

Age

**Stirrups**  Safety iron

Toe Stopper

Bostock

Other

**Foot Position**  Toes only

Ball of foot

Full Foot

Not specified

### H. Impact

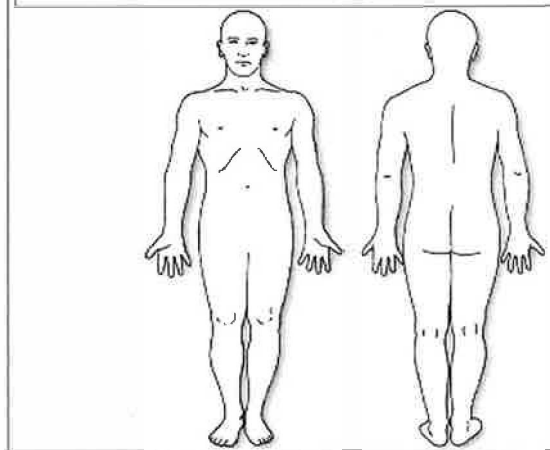
- Barrier
- Inside running rail
- Outside rail/fence
- Upright
- Ground
- Other horse
- Jump
- Other (detail below)
- Not applicable

<b>Reflective Clothing</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Helmet</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Light</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>Horses in group</b>	<input type="checkbox"/> One only	<input type="checkbox"/> Two	<input type="checkbox"/> Three	<input type="checkbox"/> Four or more
------------------------	-----------------------------------	------------------------------	--------------------------------	---------------------------------------

## Comments on circumstances of incident ( Note any hazards)

Is a follow-up hazard report recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No



## Findings Please provide as much detail as is available

<input type="checkbox"/> <b>Musculoskeletal</b>	<input type="checkbox"/> Joint	<input type="checkbox"/> Dislocation
	<input type="checkbox"/> Muscle	<input type="checkbox"/> Joint injury
	<input type="checkbox"/> Tendon / ligament	
	<input type="checkbox"/> Bone (fracture)	
<input type="checkbox"/> <b>Abdominal</b>	<input type="checkbox"/> Pain	
	<input type="checkbox"/> Internal haemorrhage	
<input type="checkbox"/> <b>Respiratory</b>	<input type="checkbox"/> Coughing	
	<input type="checkbox"/> Respiratory distress	
	<input type="checkbox"/> Wheezing	
	<input type="checkbox"/> Chest pain	
<input type="checkbox"/> <b>Neurological</b>	<input type="checkbox"/> Head injury	<input type="checkbox"/> Unconscious (Time?)
	<input type="checkbox"/> Spinal injury	<input type="checkbox"/> Fitting
	<input type="checkbox"/> Eye injury	<input type="checkbox"/> Paralysis
<input type="checkbox"/> <b>Integument</b>	<input type="checkbox"/> Laceration	<input type="checkbox"/> Sensory changes
	<input type="checkbox"/> Bruising / contusion	
	<input type="checkbox"/> Abrasion	
	<input type="checkbox"/> Puncture	

### 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
- Died at track

### Medical 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.