**Accident report form**

(A copy to be kept safely at ASSESSMENT CENTRE)

## Please ensure that this form is completed in full and that it is accurate for legal reasons. Should the person involved in the accident pursue further, this form may be required.

**All serious accidents must be reported immediately to your insurance broker, your Local Authority Environmental Health Department and HSE (RIDDOR).**

We ensure that the data protection rights of candidates are respected at all times. All Centres and Coaches are required to abide by the BHS Data Protection Policy, as set out in their respective Data Processor Agreements.

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| **Centre** |  |
| **Name of assessor present:** |  |
| **Level of assessment** |  |
| **Full name of proprietor(s):** |  |
| **Date of accident:** |  | **Time of accident:** |  |
| **Name of person involved:** |  | **Date of birth:** |  |
| **Address:** |  |
| **Post code:** |  |
| **Name of horse / pony:** |  | **Age:** |  |
| **Sex** |  | **Height:** |  |
| **Owner of horse / pony:** |  |  |  |
| **Address** |  |
| **Post code:** |  |

**Assessor report – Give a factual account of the accident.**

Include photos of the accident location (after the accident) if available and attach to this form or to education@bhs.org.uk

Location of Accident (paddock/indoor school etc., give marker letters if appropriate):

Exercise being undertaken at the time of the accident:

How long the ride/session had been in progress and exercises undertaken prior to the accident:

# Factual description of the accident, including details of the injury or damage sustained. Please give as much detail as possible including events/actions leading up to the incident and whether the horse/pony has any history of incidents in the past, together with any details (continue on separate sheet if necessary). A SKETCH PLAN drawn on the last page of this form showing position of other horses, people, equipment, gates etc. would be helpful.

 Comments of person involved immediately after incident:

If the person who had the accident was riding at the time (only ask these questions if you feel comfortable doing so, if not leave this blank):

 Experience of the rider:

 Occupation of the rider:

#  Did the person remount / complete the section? YES \ NO

 If not, what action was taken?

 Was medical assistance accepted? YES \ NO

 Was a hospital or doctor involved? YES \ NO

If YES – which?

 If the person involved was taken to a hospital or doctor how did this occur?

 Signature of casualty:..................................................................…..........................................

Please list below names, addresses, telephone numbers and signatures of any witness(es).

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| **Name of person****completing form** |  | **Signature** |  |
| **Position held** |  |  |  |
| **Date form completed** |  | **Time form****completed** |  |
| **Lead assessor name** |  | **Signature** |  |

Subsequent developments including medical reports, if known.

# SKETCH PLAN