



Accident Report Form

THE ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY.

THIS FORM SHOULD BE COMPLETED AND RETURNED TO BRITISH CARRIAGEDRIVING OFFICE IMMEDIATELY

To be completed after any accident no matter how small - unless an incident form can be used.

PLEASE NOTE THE FOLLOWING:-

- 1. You must not, except at your own cost, make any admission, offer, promise or payment in connection with any accident or claim without special instructions in writing from British Carriagedriving, nor give any information or assistance to any person claiming against you. British Carriagedriving shall, for as long as they desire, take absolute conduct and control of all proceedings (including arbitrations) in respect of any claim and may use your name to take any proceedings.**
- 2. All written communications or court documents made by or on behalf of a complainant or claimant and received by you, shall be forwarded to British Carriagedriving as soon as possible and not be acknowledged or answered in any way.**
- 3. If this form is not completed and returned to British Carriagedriving, any claim cannot be investigated on your behalf.**
- 4. Enclose copies of the event Risk Assessment form and entry forms for any competitors involved in the incident with this form.**

FAILURE TO COMPLY WITH THE ABOVE MAY RESULT IN A REFUSAL TO PROVIDE COVER FOR THE INCIDENT.

Contact name for further correspondence:

Address:

Phone number:

E-mail:



British Carriagedriving

East Overhill, Stewarton, Kilmarnock, KA3 5JT. Tel. 0845 643 2116 Email: email@britishcarriagedriving.co.uk

SECTION 1

Full name and location of the event _____

Type of event e.g. National, club event, training day _____

Duration of event _____

Comments by Technical Delegate and/or President of Jury: (Use additional sheet if necessary)

NAME(Block Capitals)..... DATE.....

Signature..... TEL NO.....

Address.....

NAME(Block Capitals)..... DATE.....

Signature..... TEL NO.....

Address.....

Comments by the Safety Officer: (Use additional sheet if necessary)

NAME(Block Capitals)..... DATE.....

Signature..... TEL NO.....

Address.....

SAFETY OFFICER TO ENSURE THIS FORM IS COMPLETED AND FORWARDED WITHIN 24 HOURS TO BRITISH CARRIAGEDRIVING OFFICE.



British Carriagedriving

East Overhill, Stewarton, Kilmarnock, KA3 5JT. Tel. 0845 643 2116 Email: email@britishcarriagedriving.co.uk

SECTION 2

1. Full Name of Injured Party:

First Name: Surname Age (If Known)

Telephone Numbers:

Postal Address

Post Code

2. Was the injured Party:

3.
Whip/Driver Groom Passenger
Official Member of the general public Others

4. Date of Incident.....Approximate Time.....

5. Details of any injury (however slight)

Fatal Head Injury/Concussion Face/Jaw Spinal Thoracic

Lumber Pelvic Hip Chest Abdomen Bruising

Fracture Right Arm Right Hand/Wrist Right Leg Right Ankle/Foot

Left Arm Left Hand/Wrist Left Leg Left Ankle/Foot

Additional Information (If Any)

6. Details of any other Damage (However Slight)



- 7. a) Was a properly secured hard hat being worn ? YES/NO
- b) Was it damaged ? YES/NO

If YES provide full details.....

.....

c) What type of Hard Hat was being worn?

PAS 015 EN1384 ASTM F 1163 OTHER

- d) Was a Body/Back Protector being worn ? YES/NO

- e) Was it damaged ? YES/NO

If YES provide full details.....

.....

SECTION 3

- 1. **If Driven was Horse/Pony involved:**
 Single Pair Tandem Four in Hand

N.B.: If more than one Horse/Pony involved please provide details on a separate sheet.

2. Give full details of the animal involved in this accident:

Name.....Breed.....Height.....

Sex.....Age.....

3. Who owns the Animal ? Please give names and addresses

.....

.....

- 4. **Was the Horse/ Pony involved doing:**
 Dressage Being Led Tied-up
 Marathon Driven by Whip Loose
 Cones Exercise
 Driven by someone other than the Whip Other activity

- 5. **Was the Accident:**
 In the Collecting ring In an Obstacle On a Track
 On a Public Road On a Private Road In a Horsebox Park
 Elsewhere



6. **To your knowledge, has the animal been involved in any similar incident of this nature?** YES/NO

If YES please give details.....

.....

7. **Have you ever received any complaints about this Horses behaviour before?** YES/NO

If YES please give details.....

.....

8. **Was the Horse/Pony injured?** If YES please give details YES/NO

.....

.....

9. **Was Veterinary treatment required?** YES/NO

If YES Please give details of attending Veterinary

Name and Address.....

.....Post Code.....

Daytime Telephone Numbers.....

SECTION 4

1. **Was a trained first aider available?** YES/NO

Paramedic ambulance Red Cross or similar Other (If other specify below)

.....

.....

2. **Type of Ambulance**

2WD 4WD LR Emergency Ambulance

Air Ambulance Other (If other specify below)

.....

.....

3. **Was the Ambulance able to reach the casualty?** YES/NO



British Carriagedriving

East Overhill, Stewarton, Kilmarnock, KA3 5JT. Tel. 0845 643 2116 Email: email@britishcarriagedriving.co.uk

4. a) How long did it take to reach the casualty?minutes

b) Had the casualty been moved? YES/NO

c) Had casualty's hard hat been loosened/removed? YES/NO

If YES please give reason

.....
.....

5. Did the casualty receive any treatment on site ? YES/NO

If YES please give details

.....
.....

6. Was the casualty allowed to continue? YES/NO

7. Was the casualty taken to hospital? YES/NO

If YES please give name and address of Hospital

.....
.....

8. Was there radio communication ? YES/NO

9. Name of the Medical Officer.....

Address.....

.....

.....Post Code.....

Daytime Telephone Number.....



SECTION 5

1. Was the Accident reported to the Police? YES/NO

Address of Police Station.....
.....Post Code.....
Name of Attending Officer.....Report Number.....

2. a) Was the Accident reported to the Health & Safety Executive ? YES/NO

b) Has an H & SE RIDDOR F2508 Form been completed? Please attach Copy YES/NO

3. Names, Addresses and Daytime Telephone Numbers of Witnesses to the Accident :

FULL DESCRIPTION OF ACCIDENT BY WITNESS, STEWARD OR OTHER OFFICIAL

(If there is more than one witness, please continue on plain paper and attach to this document).

NAME (Block Capitals).....

SIGNATURE..... DATE.....

ADDRESS.....

.....POST CODE.....