Raceday and Trial Incident Report (Jockeys)

R R

Mark selections clearly with a cross. X

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

Visibilty ☐ 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 mount - ing 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

G. Impact (multiple)

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

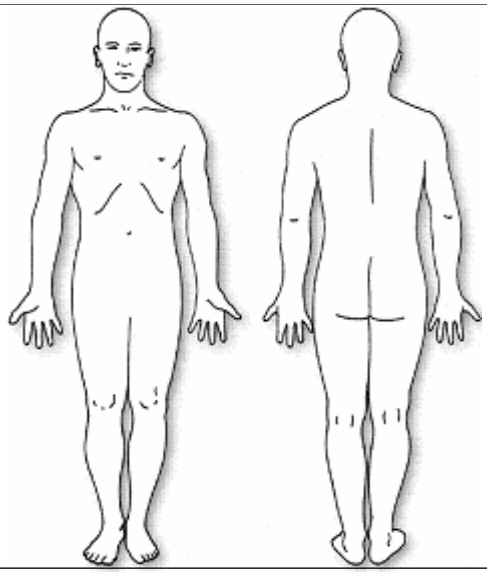
Section 3: Examination results

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

Temp: °C

WBGT:

Comments on circumstances of incident (Note any hazards)

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)

Is a follow-up hazard report recommended? ☐ Yes ☐ No

Witness Name:

Address:

Telephone:

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

Follow-up medical report recommended? ☐ Yes

Medical clearance required before riding? ☐ Yes

Medical Official:	Name:	Sign.
Industry Official:	Name:	Sign.