

# 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)
	/	/		:
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

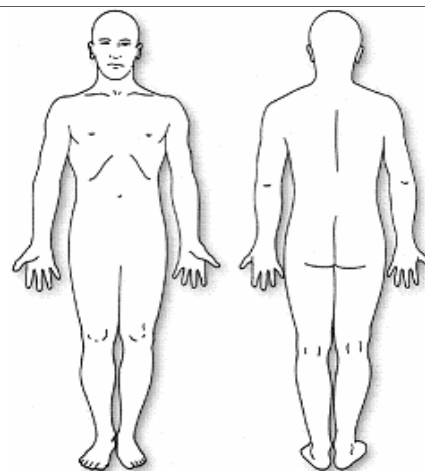
- Barrier
- Inside running rail
- Outside rail/fence
- Upright
- Ground
- Other horse
- Jump
- Other (detail below)
- Not applicable

Reflective Clothing Yes  No   
Helmet Yes  No   
Light Yes  No

Horses in group  One only  
 Two  
 Three  
 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"/> Musculoskeletal	<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"/> Abdominal	<input type="checkbox"/> Pain	
	<input type="checkbox"/> Internal haemorrhage	
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Coughing	
	<input type="checkbox"/> Respiratory distress	
	<input type="checkbox"/> Wheezing	
	<input type="checkbox"/> Chest pain	
<input type="checkbox"/> Neurological	<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"/> Integument	<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.