



**Manitoba
Horse Council**



HERITAGE EVENTS & COMPETITION

Incident/Accident Report

145 Pacific Avenue, Winnipeg, MB R3B 2Z6
Phone: 204-925-5718

email: mhc.admin@sportmanitoba.ca
www.manitobahorsecouncil.ca

This form is to submitted to MHC at mhc.exec@sportmanitoba.ca within 24 hours of incident by the Competition Steward, Technical Delegate or Competition Organizing Committee

| 1. URGENT | |
|---|--|
| <input type="checkbox"/> FATALITY | <input type="checkbox"/> SERIOUS ACCIDENT / INJURY |
| <input type="checkbox"/> REQUIRES IMMEDIATE ATTENTION FROM MHC | <input type="checkbox"/> MEDICAL SUSPENSION FROM COMPETITION |
| Injured Party: <input type="checkbox"/> Person (only) <input type="checkbox"/> Horse <input type="checkbox"/> Person & Horse <input type="checkbox"/> Athlete <input type="checkbox"/> Groom <input type="checkbox"/> Official <input type="checkbox"/> Other (only) | |
| Person Name: | MHC #: |
| Birth Date (dd/mm/yy): | Gender: |
| Address: | City: |
| Province: | Postal Code: Email: |
| Horse Name: | |
| Horse Recording #: | Horse Age: |
| Owner Name: | Phone #: |
| 2. Competition Information | |
| Competition Name: | Competition #: |
| Location: | Date: Time: |
| Organizer: | Phone #: |
| Email: | |
| 3. Incident Description | |
| <input type="checkbox"/> Possible head injury / concussion and medically suspended from competition <input type="checkbox"/> Other injury: <input type="checkbox"/> Approved to Compete (Must provide explanation) | |
| Attending Medical Personnel (Name): | |
| Phone #: | |
| <input type="checkbox"/> Doctor <input type="checkbox"/> EMT/Paramedic <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse/Practitioner <input type="checkbox"/> First Responder <input type="checkbox"/> Veterinarian <input type="checkbox"/> Other | |
| 4. Treatment | |
| <input type="checkbox"/> Onsite <input type="checkbox"/> Transported <input type="checkbox"/> None <input type="checkbox"/> Refused <input type="checkbox"/> Personal transport to hospital <input type="checkbox"/> Other | |
| By Whom: <input type="checkbox"/> EMT/Paramedic <input type="checkbox"/> Doctor <input type="checkbox"/> Veterinarian <input type="checkbox"/> Spectator <input type="checkbox"/> Official | |
| Name: | |

5. Location of reported incident

Warm-up Stabling Competition area Cross-Country Other

Type of Class:

Name of Class:

Type of fence (if applicable):

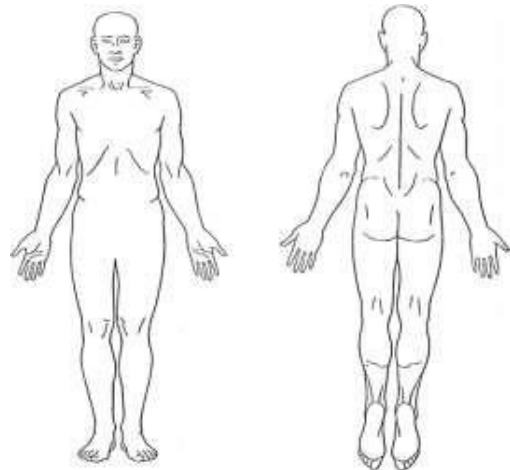
Approximate Dimensions of fence (if applicable):

| | | | | |
|-------------------------------|------------------|------------------------------|-----------------------------|------------------------------|
| Fence Safety features: | Safety cups: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | Frangible: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | Rotational Fall: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

6. Brief description of accident and note any evident symptoms

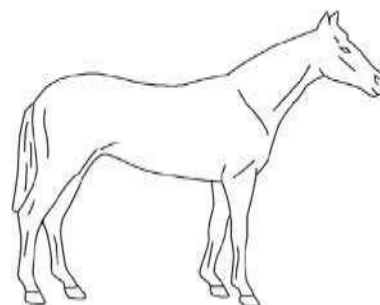
7. Indicate area of Injury to Person

Comments:



8. Indicate area of Injury to Horse

Comments:



9. Witnesses to Accident:

Were you a witness to the incident? YES NO

If not, who reported the incident?

Name: _____ Phone #: _____

Attach a Witness Report if available or statement from medical officer

| Name | Address | Phone # |
|------|---------|---------|
| 1. | | |
| 2. | | |
| 3. | | |

10. Follow-up:

Name of Steward/TD/OC: _____ Date report completed: _____

Signature of Steward: _____ EC Sport License #: _____

Name of attending medical professional: _____

Signature of attending medical professional: _____

A copy of this report must be signed by the Steward and submitted to the MHC offices with the Competition Report. In the absence of a Steward or Technical Delegate, the complete Competition Report must be forwarded to the MHC by a member of the Organizing Committee.

**Manitoba Horse Council (mhc.exec@sportmanitoba.ca) must be informed
WITHIN 24 HOURS**

in the case of an incident which results in the death of a person or horse, or when a rider of person or horse is rendered unconscious, or sustains a serious or life-threatening injury, or involves transportation by ambulance.