



PONY CLUB ASSOCIATION VICTORIA INC

A0013413S

Injury/Incident Report Form

A Club Official (not the member) should complete this form in duplicate on the day the injury/incident occurs.

- One copy to be retained by the Club
- One copy to be sent to PCAV (the original)

Details of the member who has been injured or caused property damage

| | | |
|---------------------------------------|----------------------------|--|
| Card No: | (Riding/Associate members) | Member Type: (please tick) |
| Pony Club: | | <input type="checkbox"/> Riding (up to 17yrs) |
| First name: | | <input type="checkbox"/> Associate (17 – 21yrs) |
| Last name: | | <input type="checkbox"/> Adult Supporter/Volunteer |
| Address: | | <input type="checkbox"/> Official |
| Suburb: | Postcode: | <input type="checkbox"/> Other (specify): |
| Parent /Guardian (if under 18): | | |

Injury/Incident Details

| | |
|---|----------------------------|
| Place of injury/Incident: | Day of the week: |
| PCAV Zone: | Date: |
| Event: | Approx time: AM / PM |
| Reported by: | to: |
| What was the member doing when the injury/incident occurred?: | |

Was the member authorised to perform this task/function? Yes No

How did the injury/incident occur?

Nature and extent of the injury/incident?

Action taken:

Did the member receive first aid treatment? Yes No

Did the member stay for the remainder of the rally? Yes No

Was an ambulance used? Yes No

➤ If yes, what time did it arrive? Time:

Did the member go to hospital Yes No

➤ If yes, which hospital?.....

➤ Hospital address:

➤ Doctor who attended the member:

Witnesses to the injury/incident

1. Name: Phone:

2. Name: Phone:

3. Name: Phone:

Form completed by: Position:

Club Secretary signature: Date:

Club DC/President signature: Date:

| | |
|--|---|
| Send completed report forms to: PCAV 73-75 Mackie Road, Mulgrave, 3170 | NOTE: This is a report form not insurance claim form CLAIM FORMS REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | PCAV OFFICE USE ONLY DATE RECEIVED: _____ FORMS SENT: _____ |