

Congressional Polo Club

INCIDENT REPORT FORM – Attach Additional Notes if Necessary

Please Print Clearly

Injured ☐ Person ☐ Horse ☐ Both

Date of Accident: _____ **Time:** _____ ☐ am ☐ pm

Injured Person's Name: _____

Category of Participation: ☐ Spectator ☐ Rider ☐ Handler ☐ Volunteer ☐ Employee ☐ other: _____

Was the injured person a minor: ☐ Yes ☐ No

Age of the injured person: _____

Parent/Guardian Name(s): _____

Liability Release Form Signed: ☐ Yes ☐ No If "Yes," attach a copy of the signed form

Protective Equipment Worn: ☐ ASTM/SEI Helmet ☐ Unapproved Helmet ☐ Body Vest ☐ Inflatable Vest ☐ None

Weather Conditions: ☐ Sunny ☐ Cloudy ☐ Raining ☐ Snowing ☐ Windy ☐ Fog ☐ Artificial Light ☐ Extreme Temp

Location of Accident: ☐ Outdoor Arena ☐ Indoor Arena ☐ Barn ☐ Round-pen ☐ Pasture ☐ Paddock

☐ Trails ☐ Parking Lot ☐ Driveway/Walkway ☐ Other: _____

Type of Surface: ☐ Sand ☐ Dirt ☐ Grass ☐ Artificial Turf ☐ Gravel ☐ Rocky ☐ Water crossing ☐ Pavement

Condition of Surface: ☐ Dry ☐ Firm ☐ Wet/Slippery ☐ Rough/Rugged ☐ Soft/Boggy ☐ Muddy

Describe what happened: _____

Suspected Injury(ies): Concussion/Head Trauma: ☐ Yes ☐ No Joint (non-bone)/Ligament: ☐ Yes ☐ No

Fracture or Bone Stress: ☐ Yes ☐

Muscle/Tendon Strain: ☐ Yes ☐ No

Lacerations/Skin Lesions: ☐ Yes ☐ No

Contusions/Bruising: ☐ Yes ☐ No

Treatment: ☐ On-site ☐ Transported (Ambulance) ☐ Transported (Other) ☐ Refused Transport ☐ Refused Treatment

Treatment Provided by: ☐ Trained Staff ☐ EMT/Paramedic ☐ Spectator ☐ Other: _____

Describe treatment: _____

Witnesses to incident: ☐ Yes ☐ No

Written Statement of Witness: ☐ Yes ☐ No

If "Yes", provide the following for each person: Name, Address, and Phone# and attached written statement.

List any other details that are pertinent to the accident: _____

If the accident involved an equine provide the following information:

Horse name: _____		Horse age: _____	
Horse's owner(s): _____			
Covered by Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Policy #: _____	
Carrier Name: _____			
Use of Horse at the time: <input type="checkbox"/> Lesson <input type="checkbox"/> Polo Match <input type="checkbox"/> Other: _____			
Indicate the horse's experience in this activity: _____			
Had the person ridden this horse before: <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", how often: _____			
Was the horse injured in the incident: <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", describe injuries: _____ _____			
Treatment: <input type="checkbox"/> On-site <input type="checkbox"/> Transported off—site to: _____			
Treatment Provided by: <input type="checkbox"/> Staff <input type="checkbox"/> Veterinarian Name: _____			
Suspected injury(ies): _____			

Facility Name: _____	
Managed/Owned by: _____	
Address: _____	
County: _____	Phone Number(s): _____
Report Completed by: _____	Date of Report: _____