

Intercollegiate Horse Shows Association, Inc.

Internal Use Only Accident Report – Do Not Submit to Equisure

ANY accident that occurs at an IHSA sanctioned event must be reported on this form and submitted to the Insurance Chair csmorris917@gmail.com, Zone Chair and National Steward along with the Stewards Report

Zone/Region: _____ Date of Competition _____

Host College: _____

Host Facility (address): _____

Facility Phone Number: _____

Date/Time/Location of Accident: _____

Rider Name and Team: _____

Phone/Email: _____

Did the Accident occur during competition or Schooling? _____

If during competition, which division/class? _____

EMT: PER IHSA RULES ANY RIDER WHO FALLS OFF MUST BE CLEARED BY EMT PRIOR TO RECOMMENCING COMPETITION

Was person examined and cleared by EMT after incident? _____

If no, explain why _____

Was rider granted re-ride? YES NO Did Rider ride after being cleared by EMT? YES NO

If no, explain why _____

Name of EMT _____ Phone # _____

Details of occurrence, including any injury, no matter how minor (use extra paper if needed): _____

If incident involved a horse, please provide information:

Name of horse _____ Age: _____

Horse owner: _____ Breed: _____

Witnesses (3): _____
