

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, Zone Chair and National Steward along with the Stewards Report

Zone / Region		Date of Competition	
Host College		Host Facility	
Facility Address		Facility Phone #	

1) Date, Time and Location of Accident:

2) Rider Name / School / Phone / Email:

3) Did Accident occur during competition? If yes, Class, Section and Rider #:

4) EMT Clearance *Per IHSA rules any rider who falls off must be cleared by EMT prior to recommencing competition*

a) Was Rider seen & cleared by EMT after accident? **Yes No** (circle one) If no, explain:

b) Was Rider granted re-ride? **Yes No** (circle one)

c) Did Rider re-ride after being cleared by EMT? **Yes No** (circle one) If no, explain:

5) Details of occurrence, **and any injury**, no matter how minor:

6) If incident involved a horse, provide the following information:

Owner Name & Contact Info:

Horse Name: Breed: Sex: Height: Age:

7) Provide Witness Information

Name	School	Phone #	Email

8) Provide any additional relevant information below.

****INSTRUCTIONS FOR 2018-2019 Competition Year**** Attach this form & any related documents to the IHSA Steward's Report and submit copies to: Insurance Chair (ric@crazyw.com), Zone Chair and National Steward.

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