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): __________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________