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 PCV (the original)

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

Card No: . ..... (Riding/Associate members)

Pony Club: .....

First name:.....

Last name:.....

Address: .....

Suburb: ..... Postcode: .....

Parent /Guardian (if under 18): .....

Member Type: (please tick)

- ☐ Riding (up to 17yrs)
- ☐ Associate (17 – 21yrs)
- ☐ Adult Supporter/Volunteer
- ☐ Official
- ☐ Other (specify): .....

.....

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:	**CLAIMS MADE DIRECTLY TO GOW GATES via the PCV Website**
office@ponyclubvic.org.au 73-75 Mackie Road, Mulgrave, 3170	**PCV OFFICE USE ONLY** **DATE RECEIVED:** **FORMS SENT:**