



## Wild Rose Injury and Accident Report

100, 251 Midpark Blvd SE, Calgary, AB T2X 1S3  
 Phone: 403.253.4411 ext. 2 • Toll Free: 1.877.463.6233 Fax:  
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 albertaequestrian.com

If an injury has occurred this form must be completed by a member of  
 the Organizing Committee or Steward/TD.

### Event Details:

Name of Event: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

### Injured Party:

Person      Horse      Both

If Person:

Competitor      Groom      Spectator      Official      Volunteer      Other: \_\_\_\_\_

Name: \_\_\_\_\_ AEF #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

### Location of Injury:

Parking Area      Warm-Up      Stabling      Show Ring      Cross-Country      Other: \_\_\_\_\_

If injury occurred in an over-fences class, were safety cups in use:      Yes      No

### Description of Accident:

\_\_\_\_\_

### Nature of Injury to Person: *Describe apparent injury.*

\_\_\_\_\_

### Treatment:

Onsite      Transported      None      Refused

By whom:

EMT/Paramedic      MD      Spectator      Official      Other: \_\_\_\_\_

Vet      Owner/Handler

Name(s): \_\_\_\_\_

**Witness:**

Did you witness the accident:    Yes        No

If not, who reported it to you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Witness	Address	Phone

Attach statements from witnesses, if available.

Report completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Note: Retain a copy for your records and forward this form to the AEF office.**

Alberta Equestrian Federation  
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