



**RIDING FOR THE DISABLED ASSOCIATION OF QUEENSLAND INC**  
Incident/Accident/Injury Report

Section A - PERSONAL DETAILS											
Person's name							RDA Centre				
Address							Post Code				
Contact Details	Email				Mobile Ph			Home Ph			
Date of birth	/ /	Age in years			Gender (please tick)		<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Role whilst accident occurred	<input type="checkbox"/> Participant		<input type="checkbox"/> Volunteer		<input type="checkbox"/> Coach		<input type="checkbox"/> Visitor				
Other (please specify) _____											
Location of incident											
Section B - DETAILS OF INCIDENT											
Date of incident	/ /	Time of incident	am pm		Additional information attached			Y / N			
Summary of the incident (What happened? How?)	_____										
	_____										
	_____										
	_____										
	_____										
*NOTE - If no injury please continue to Section D											
Section C - DETAILS OF INJURY											
Disability prior to accident (if relevant)											
Type of injury	<input type="checkbox"/> Laceration/cut		<input type="checkbox"/> Scald/Burn		<input type="checkbox"/> Crushing/Amputation						
	<input type="checkbox"/> Bruising		<input type="checkbox"/> Dental		<input type="checkbox"/> Musculoskeletal						
	<input type="checkbox"/> Other (please specify) _____										
Activity involved	<input type="checkbox"/> Riding		<input type="checkbox"/> Carriage Driving		<input type="checkbox"/> Volunteer/Coach duties			<input type="checkbox"/> Leader			
	<input type="checkbox"/> Mounting		<input type="checkbox"/> Competition		<input type="checkbox"/> Camp/Excursion/Workshop						
	<input type="checkbox"/> Vaulting		<input type="checkbox"/> Dismounting		<input type="checkbox"/> Unmounted Lesson			<input type="checkbox"/> Travelling on RDA business			
	<input type="checkbox"/> Other (please specify) _____										
Location and description of injury	Head/Neck		_____					<input type="checkbox"/>	L	<input type="checkbox"/>	R
	Back/Spine		_____					<input type="checkbox"/>	L	<input type="checkbox"/>	R
	Trunk		_____					<input type="checkbox"/>	L	<input type="checkbox"/>	R
	Leg		_____					<input type="checkbox"/>	L	<input type="checkbox"/>	R
	Arm		_____					<input type="checkbox"/>	L	<input type="checkbox"/>	R
	Other		_____					<input type="checkbox"/>	L	<input type="checkbox"/>	R
Ambulance called?	Y / N	Attended Medical	Y / N	Name of Horse			Name of coach				
Section D - OTHER DETAILS											
First aid given and by whom											
Name/s of witnesses											
Follow up required	Y / N	Date of follow up	/ /								
Action taken to prevent further occurrences											
Signature of coach				Signature of RDA President/Secretary/Manager							

This is not an official claim form; any insurance claim must be made by the injured party directly to the insurance company.

ORIGINAL COPY  
DUPLICATE COPY  
DUPLICATE COPY

To RDAQ Office  
To be retained at the Centre  
To be given to person involved

Attach an additional page if necessary  
Version current: 24 August 2015

