# Intercollegiate Dressage Association

**Internal Use Only Incident Report – Do not submit Equisure**

***ANY accident that occurs at an IDA sanctioned event must be reported on this form and submitted to the Regional Representative and National Secretary along with the Steward’s Report.***

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| **Region** |  | **Date of Competition** |  |
| **Host College** |  | **Host Facility** |  |
| **Facility Address** |  | **Show Manager Phone #** |  |

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| --- |
| **1) Date, Time and Location of Incident:** |
| **2) Rider Name / School / Phone / Email:** |
| **3) Did Incident occur during competition? If yes, which Division?** |
| **4) EMT Clearance**  |
| 1. Was Rider seen & cleared by medical personnel after Incident? **Yes No** (circle one) **If no,explain:**
2. Was Rider granted re-ride? **Yes No** (circle one)
3. Did Rider re-ride after being cleared by medical personnel? **Yes No** (circle one) **If no,explain:**
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| **5) Details of occurrence, and any injury, no matter how minor:** |
|  |
| **6) If incident involved a horse, provide the following information:** |
| Owner Name: |
| Horse Name:  |
| **7) Provide Witness Information** |
| **Name** | **School** |  |  | **Phone #** | **Email** |
|  |  |  |  |
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|  **8) Provide any additional relevant information below.**  |
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\*\*INSTRUCTIONS FOR Competition Year\*\* Attach this form & any related documents to the IDA Steward’s Report and submit copies to: Regional Representative and National Secretary (idanational.secretary@gmail.com)

DO NOT SUBMIT TO EQUISURE