



In the event of an incident occurring at a sanctioned BCCTRA event, someone on ride management should complete the following form submit to the BCCTRA Secretary, Kay Klippenstein, PO Box 99, Bridge Lake, BC V0K 1E0 as part of their final report.

Your name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email address: \_\_\_\_\_

**Participant involved in the incident (person at risk):**

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

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

Email address: \_\_\_\_\_

Date of the incident: \_\_\_\_\_ Time: \_\_\_\_\_ (am/pm)

Location of the incident: \_\_\_\_\_

Weather conditions at the time of the incident: \_\_\_\_\_

Describe what happened in the incident:

Were any other people present who could describe what happened? YES NO

*If yes, please provide an incident report from each using this form.*

**If the incident was horse related provide the following information.**

Horse name: \_\_\_\_\_ Horse age: \_\_\_\_\_ Breed: \_\_\_\_\_

Name of horses' owner: \_\_\_\_\_ BCCTRA member? YES NO

Address of owner: \_\_\_\_\_ Phone \_\_\_\_\_

Was the horse "in hand" or "loose"?

Describe any physical problems of the horse that may have been a contributing factor to the incident.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_