

## CHJA Steward/Rules Representative Injury Report Form

1. Injured person \_\_\_\_\_

2. Date/Time of Incident \_\_\_\_\_

3. Competition Name/Location \_\_\_\_\_

4. Category of Participation: Rider\_\_\_ Handler\_\_\_ Groom\_\_\_ Spectator\_\_\_ Official\_\_\_  
Ring/Jump Crew\_\_\_ Volunteer\_\_\_ Other\_\_\_\_\_

5. Location on grounds where injury occurred \_\_\_\_\_

6. Name and type of class (if during or in preparation for a class) \_\_\_\_\_

7. Type of jump and height (if applicable)  
\_\_\_\_\_

8. Fence: Safety Cups? Yes\_\_\_ No\_\_\_ Not applicable\_\_\_

9. Describe what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Witnesses, if any:

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

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

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

11. Protective Equipment Worn: ASTM/SEI Helmet Yes\_\_\_ No\_\_\_

Unapproved Helmet Yes\_\_\_ No\_\_\_

12. Other Contributing Factors: (eg Footing/Weather/Loose Dog? Golf Cart, etc):  
\_\_\_\_\_

13. Additional Information or Comments: \_\_\_\_\_  
\_\_\_\_\_

Report Completed By \_\_\_\_\_

