



INSURANCE SERVICES, INC.
EQUESTRIAN, SPORTS, RECREATIONAL AND MORE



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FIRST REPORT
INCIDENT / ACCIDENT / CLAIM

This form should be completed by liability insurance policy holder or manager of insured operations.
Please answer all questions as completely as possible to the best of your ability or knowledge.

INSURED INFORMATION

1. Name _____
2. Address _____
3. Contact Persons _____
4. Phone Number _____ E-mail _____
Fax _____
5. Liability Policy Number (In force at time of Incident) _____
6. Insurance Company Name (In force at time of Incident) _____
7. Policy Effective Date _____ Policy Expiration Date _____

INCIDENT INFORMATION

1. At the present time I am reporting this as an (check one): INCIDENT ONLY INCIDENT AND CLAIM
2. Date of Incident _____ Time _____ AM PM
3. Name of individual (subject) who was affected, injured, or a possible claimant _____
4. Address _____
5. Home Phone Number _____ Work Phone Number _____
6. Age, if known, or under 21: _____ If unknown, estimate the age: _____ MALE FEMALE
7. Any notable medical history: YES NO If yes, list _____
8. Was subject allergic to medication? YES NO If yes, what medications _____
9. Was the incident directly or indirectly related to horses or other equine? YES NO
10. Location of incident (Address and specific location on premises) _____
11. Incident took place at: Your location or place of business that is insured under the policy number stated above
 Your place of business that is insured by another insurance company
 In or around your dwelling
 Off Premises - Explain _____

16. Was appreciable Property Damage incurred by the affected subject? YES NO
If yes, explain type of damage (such as, Auto Damage, Eyeglasses, Clothing, etc): _____

17. Was appreciable bodily injury incurred by the affected subject? YES NO

18. Bodily Injury Type .Check type of injury(s) that apply:

- No appreciable injury observed
- Fracture
- Soft Tissue: Skin Bruise, Scrape, Cut
- Sprain
- Loss of Consciousness
- Concussion
- Rupture
- Dislocation
- Other _____

19. Bodily injury location (Check all that apply to your knowledge. When checking "Right" or "Left", check for the side that would apply if you were in the injured party's position facing front as they would be facing front):

ARMS

- UpperArm: Right Left
- LowerArm: Right Left
- Finger: Right Left
- Wrist: Right Left
- Hand: Right Left

Other _____

HEAD AND NECK

- Neck: Right Left Front Back
- Upper Head (Above eye level): Right Left Front Back
- Face: Right Left Nose Lips Teeth
- Ear: Right Left
- Eye: Right Left Lid Eyeball Brow

Other _____

TRUNK

- Collarbone: Right Left
- Chest: Right Left
- Stomach /Abdomen: Right Left Upper Lower
- Shoulder: Right Left
- Upper Back: Right Left
- Mid or Lower Back: Right Left
- Buttocks Right Left
- Groin or Pubic Area

Other _____

LEGS. ANKLES. FEET

- Leg: Right Left Knee Thigh Calf
- Ankle: Right Left
- Foot: Right Left

OTHER BODY LOCATION: _____

20. Was subject offered medical assistance? YES NO Type Offered: _____

By Whom? _____

Medical assistance offer was: ACCEPTED REFUSED

21. Was subject transported to a medical facility? YES NO By Whom? Ambulance Other _____
 22. Time Dispatched _____ AM PM Time Arrived _____ AM PM
 23. Name of Medical Facility: _____
 Attending Physician _____
 Address _____
 Phone No(s). _____

24. Condition of party just after incident occurred _____

25. Did you or another staff member follow up after the incident to check the condition of the subject? YES NO If yes, explain and describe condition of subject at that time. _____

26. List of Staff Members who witnessed incident:

27. List of Staff Members who were present or assisted with incident, but did not see it occur:

28. List names and addresses of all guests, visitors, and customers who witnessed or had knowledge concerning the incident:

<u>Names</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

ACCIDENTS INVOLVING RIDING OF, DRIVING OF, OR DIRECT CONTACT WITH HORSES

(If applicable, also complete this section.)

1. Incident / Accident occurred while subject was:
 - Riding a horse
 - Passenger on horse drawn vehicle
 - Driving a horse and vehicle
 - On Ground
 - Other _____
2. A. Name of horse(s) involved in incident _____
 B. Age of horse(s) _____
3. Horse ownership at time of incident: Owned by you Leased to you Owned (or leased) by another party

4. If horse owner is not the insured, provide full name, address and phone number of owner(s) _____

5. If horse was used in your business operations, have you taken the horse out of public use? Yes No

6. What action of the horse caused the accident, incident or injury (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Horse did nothing to cause accident | <input type="checkbox"/> Reared and came back down on front feet |
| <input type="checkbox"/> Stumbled, but did not fall | <input type="checkbox"/> Reared and fell sideways or backwards |
| <input type="checkbox"/> Stumbled and fell on its front legs only | <input type="checkbox"/> Bit with Teeth |
| <input type="checkbox"/> Stumbled and fell on side | <input type="checkbox"/> Ran over subject |
| <input type="checkbox"/> Shied or Spooked | <input type="checkbox"/> Stopped abruptly |
| <input type="checkbox"/> Shook its body | <input type="checkbox"/> Changed gait without warning |
| <input type="checkbox"/> Jumped in place or side-stepped | <input type="checkbox"/> Changed gait with notice of leader, instructor or guide |
| <input type="checkbox"/> Ran forward or sideways less than 50 feet | <input type="checkbox"/> Threw or tossed head |
| <input type="checkbox"/> Ran forward or sideways more than 50 feet | <input type="checkbox"/> Stepped on subject |
| <input type="checkbox"/> Bucked | <input type="checkbox"/> Equipment caught and horse pulled |
| <input type="checkbox"/> Kicked | <input type="checkbox"/> Equipment failed and horse was uncontrollable |
| <input type="checkbox"/> Laid Down | <input type="checkbox"/> Rubbed against object such as tree, fence post, etc. |
| <input type="checkbox"/> Fell down | <input type="checkbox"/> Backed up |
| <input type="checkbox"/> Switched Tail | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Stopped and Stretched | |

7. If horse became frightened, what was the cause? _____

8. If subject was riding and came off horse, did they: Jump Off Fall Off

9. Did Subject contribute by any action or inaction to causing the incident? Yes No If Yes, explain below:

10. Was subject (rider) wearing an ASTM Equestrian Helmet at the time of the incident? Yes No

SIGNATURE SECTION

DATE REPORTED _____

REPORTED BY _____
Print or Type Name

SIGNATURE _____
Person Reporting Incident

REPORTED TO _____

PROVIDE AND ATTACH COPIES OF STAFF WITNESS REPORTS AND ALL SIGNED RELEASE AGREEMENTS THAT APPLY

