

**NORTH AMERICAN
TRAIL RIDE CONFERENCE**

www.natrc.org, natrc@natrc.org, 303-688-1677



ACCIDENT RECORD

TO BE FILLED OUT BY WITNESS, RIDE MANAGER AND RULES INTERPRETER

Date of Event/Ride: _____ Time of Accident: _____

Name of Event/Ride: _____

Location Address: _____

Person Injured: _____ Phone: _____

Give a brief Description of Accident: _____

Name of Equine(s) involved: _____

Owner: _____

Handler: _____

Was First Aid given? Yes ___ No ___

If yes, by whom: _____

If yes, describe: _____

Were Paramedics called? Yes ___ No ___

Was the injured person taken to the hospital? Yes ___ No ___

Did the injured person REFUSE medical treatment? Yes ___ No ___

Other information you consider important: _____

Name of person filing report: _____

Phone: _____ Email: _____

WITHIN 24 HOURS OF ACCIDENT SEND THIS FORM TO NATRC™ OFFICE