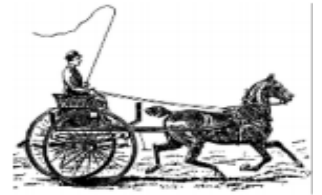




GRANITE STATE CARRIAGE ASSOCIATION INCIDENT REPORT FORM



To be completed by the event host and returned with the *Release from Liability* forms within 14 days of the event to the Association Vice President. **If a serious incident occurs ie. (injury to or death of a member or horse; or significant property damage) contact the Granite State Carriage Association President or Vice President immediately.**

Name of Event/Outing _____

Date(s) of Event/Outing _____

Date and Time of Incident _____

Name of Event/Outing Host _____

Name(s) of other Officers/Directors in attendance: _____

Give a detailed description of the incident below. Include names of everyone involved, description of any injuries to people and/or horses/ponies, description of medical and/or veterinary attention given. Use back if more room is necessary.

This information will be kept on file with the *Release from Liability* forms, and reported to the insurance company as necessary. Please make a copy for your own records and email a copy to **bod@granitestatecarriage.org**