

# ACCIDENT REPORT FORM

Blue Bridle Insurance Agency

Policy No.: \_\_\_\_\_

Company: \_\_\_\_\_

(Please type or print)

Page 1 of 2

INSURED NAME AND ADDRESS: \_\_\_\_\_

PERSON TO CONTACT: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ TIME OF ACCIDENT: \_\_\_\_\_ ( AM / PM)

LOCATION OF ACCIDENT(Include City & State): \_\_\_\_\_

DESCRIBE THE ACCIDENT AND THE APPARENT CAUSE (if more space is needed, attach an additional page):

## BODILY INJURY

NAME OF INJURED PARTY: \_\_\_\_\_ AGE: \_\_\_\_\_

IF A MINOR, NAME OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

DID INJURED PARTY REFUSE TREATMENT AT THE SCENE? (YES / NO)

IF "YES", MEDICAL PROFESSIONAL WHO ATTENDED: \_\_\_\_\_

DID INJURED PARTY REFUSE AMBULANCE TRANSPORTATION TO A HOSPITAL? (YES / NO)

NAME OF HOSPITAL (IF TRANSPORTED): \_\_\_\_\_

## PROPERTY DAMAGE

ESTIMATE AMOUNT OF PROPERTY DAMAGE: \$ \_\_\_\_\_ DESCRIBE THE DAMAGED PROPERTY: \_\_\_\_\_

POLICE/FIRE DEPT. WHO RESPONDED: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## WITNESSES PRESENT: (PROVIDE NAMES, ADDRESSES AND PHONE NUMBERS)

1) \_\_\_\_\_

2) \_\_\_\_\_

Attach the witnesses' written accounts of the accident.

**WAS THE ACCIDENT/INJURY HORSE RELATED? (YES / NO) IF YES, COMPLETE THE INFORMATION REQUESTED ON THE REVERSE SIDE.**

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*\*PROVIDE IMMEDIATE NOTICE TO THE COMPANY OF ANY ACCIDENT OR INJURY\*\*\*  
REFER TO YOUR POLICY FOR PROCEDURES. HAVE YOUR POLICY NUMBER AVAILABLE.**

**IF THE ACCIDENT WAS HORSE RELATED, PROVIDE THE FOLLOWING INFORMATION:**

NAME OF HORSE: \_\_\_\_\_ AGE OF HORSE: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_ PHONE  
NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

USE OF HORSE (School Horse, Show Horse, etc.):  
\_\_\_\_\_

INDICATE HORSE'S EXPERIENCE IN THIS USE OR ACTIVITY:  
\_\_\_\_\_

USUAL TEMPERMENT OF HORSE:  
\_\_\_\_\_

PHYSICAL PROBLEMS OF HORSE/ RIDER THAT MAY HAVE CONTRIBUTED TO ACCIDENT:  
\_\_\_\_\_

DID THE INJURED PERSON RIDE THIS HORSE BEFORE? (YES / NO)

IF "YES", HOW OFTEN: \_\_\_\_\_

ATTACH A COPY OF THE SIGNED RELEASE FORM, IF APPLICABLE.

REMARKS:

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE TO ODS CHAPTERS/COMMITTEES:** In the event of ANY accident during your event, you **MUST** submit this form to the ODS Office and the ODS Office will immediately forward to the Blue Bridle Office.

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880 NE 25<sup>TH</sup> AVE, SUITE 2-173  
HILLSBORO OR 97124  
PHONE: (503) 681-2337 FAX: (503) 681-3873

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P. O. BOX 27

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FAX: (908) 735-2254