



## American Driving Society Incident Report Form

To be completed by the Technical Delegate and returned with the Technical Delegate Report within 14 days of the competition.

Name of Competition \_\_\_\_\_

Date of Competition \_\_\_\_\_

Date and time of Incident \_\_\_\_\_

Name of Technical Delegate \_\_\_\_\_

Name(s) of other Officials \_\_\_\_\_

Give a detailed description of the incident below. Include:

- Names of everyone involved
- Description of any injuries to people or horses/ponies
- Description of medical and/or veterinary attention given

This information will be kept on file and reported to the insurance company. Please make a copy for your own records.