



The American Driving Society, Inc.

## ADS Recognized Event Incident Report

Type or print neatly. To be completed by the TD or Safety Officer and returned with the TD Report, no later than 14 days after the event. If a serious incident occurs (injury to or death of a horse or competitor, or significant property damage) immediately contact ADS Executive Director Abbie Trexler at (530) 902-8065.

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Address of Event: \_\_\_\_\_

Name of Official(s): _____	Judge	TD
_____	Judge	TD
_____	Judge	TD
_____	Judge	TD

EMT: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Vet: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Incident: \_\_\_\_\_ AM PM

Incident Location:            Outdoor Ring            Indoor Ring            Stabling Area            Parking Area  
Cross Country Course            Other: \_\_\_\_\_

List those involved in the Incident:

Name: _____	ADS #: _____	Phone #: _____	Email: _____
Driver	Groom	Official	Volunteer Spectator Other: _____
Name: _____	ADS #: _____	Phone #: _____	Email: _____
Driver	Groom	Official	Volunteer Spectator Other: _____
Name: _____	ADS #: _____	Phone #: _____	Email: _____
Driver	Groom	Official	Volunteer Spectator Other: _____
Name: _____	ADS #: _____	Phone #: _____	Email: _____
Driver	Groom	Official	Volunteer Spectator Other: _____

List witnesses to the Incident (Include their role at the event, i.e. driver, groom, official, volunteer, spectator, etc.):

Name: _____	Phone #: _____	Email: _____	Role: _____
Name: _____	Phone #: _____	Email: _____	Role: _____
Name: _____	Phone #: _____	Email: _____	Role: _____
Name: _____	Phone #: _____	Email: _____	Role: _____

Did incident involve an injury or property damage?	Yes, driver	Yes, groom
Yes, passenger            Yes, another person	Yes, equine	Property Damage



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Explain Incident in detail, including those people listed above:

Follow-up to incident (include injury follow-up and any other pertinent details):

Name of submitting official:

Signature:

:

Date: