

# Incident Report

To be completed for any unusual occurrences at Fallbrook Riders Field  
Use back of form if needed

Type of Incident:

Injury to member

Injury to horse

Criminal activity

Other \_\_\_\_\_

Injury to non-member

Property damage to field

Damage to personal property

Please describe what happened:

---

---

---

---

Please describe the extent of any injuries or damage:

---

---

---

If injuries to non-member, had a release been signed?

Yes

No

Where is that release located? \_\_\_\_\_

If a guest, who was the sponsoring member?

---

Who was notified?

Paramedics

Sheriff

Other \_\_\_\_\_

Board member \_\_\_\_\_

Fire Department

Highway Patrol

Name and contact information for injured persons, if available:

---

---

Name and contact information for witnesses:

---

---

Name and contact information for person completing this form:

---

---

**Thanks for keeping us all informed!**

Please notify one of the following board members by phone, and leave this report in the filing cabinet in the block house:

Nancy Chamberlain 728-2166

Cindy Kilcrease 723-7562