

## USPC ACCIDENT REPORT

DC's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Pony Club: \_\_\_\_\_ Region: \_\_\_\_\_

### Pony Club Member Information

Member's Name: \_\_\_\_\_  
Member's Club: \_\_\_\_\_ Region: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_     F     M    Rating: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Accident Information

Date of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_     Mounted     Unmounted  
 At Pony Club Activity     Not at Pony Club Activity

Member:     Required No Treatment  
               Required Treatment, but was able to continue activity  
               Required Treatment, was unable to continue with activity

**Brief Description of Accident:** \_\_\_\_\_

**Brief Description of Injury:** \_\_\_\_\_

**Protective Equipment Worn:** \_\_\_\_\_

**Mail to:**  
USPC National Office  
4041 Iron Works Parkway – Lexington, KY 40511  
*Attention: Safety Committee*