

# VOLUNTARY IGRA RODEO INJURY REPORT

Revised: OCT 2004

Date: \_\_\_\_\_

To: **Health and Safety Committee**  
**C/O IGRA**  
**900 East Colfax Avenue**  
**Denver, CO 80218**

Rodeo Location: \_\_\_\_\_

Gender: Male:  Female:

Day: Saturday:  Sunday:  Event: \_\_\_\_\_ First Time in this Event? Yes  No

Contestant Level:  New Contestant                      Event Level:  New Contestant  
 Novice (1<sup>st</sup> Yr.)     Novice (1<sup>st</sup> Yr.)  
 Experienced: (2<sup>nd</sup> Yr. +)     Experienced: (2<sup>nd</sup> Yr. +)

Please provide a brief description of the injury:

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Do you believe that a prior injury or condition contributed to the injury? Yes  No

Treatment Level Provided:  First Aid Only (Self care, IGRA member care, or non-professional care)  
 EMT/Paramedic or Professional Care: (On-site Ambulance Crew or on-site RN, MD, PA)  
 Hospital Care (includes Urgent Care Centers) (Treatment and Release)  
 Hospital Care (Inpatient Admission or Observation Admission)

Did the injury result in a fatality? Yes  No

Contact Information:

Arena Director: \_\_\_\_\_ Phone #: \_\_\_\_\_

Chute Coordinator: \_\_\_\_\_ Phone #: \_\_\_\_\_

Stock Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Health and Safety Committee Use Only:**

Injury type:  (1) Musculoskeletal injury  
 (2) Skin injury  
 (3) Nervous system injury  
 (4) Respiratory injury:  
 (5) Circulatory system injury

Injury Classification:  Severity Score 1  
 Severity Score 2  
 Severity Score 3

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

An injury is any disruption in the structure or function of the body secondary to a rodeo-related event.