



IGRA RODEO INCIDENT REPORT

DATE _____ DAY SATURDAY SUNDAY

RODEO _____ LOCATION _____

EVENT _____ FIRST TIME IN EVENT YES NO

IF NOT INJURED DURING AN EVENT, ENTER NONE

HUMAN

GENDER
 MALE FEMALE

CONTESTANT LEVEL
 NEW CONTESTANT NOVICE (1ST YEAR) EXPERIENCED (2ND YEAR +) N/A

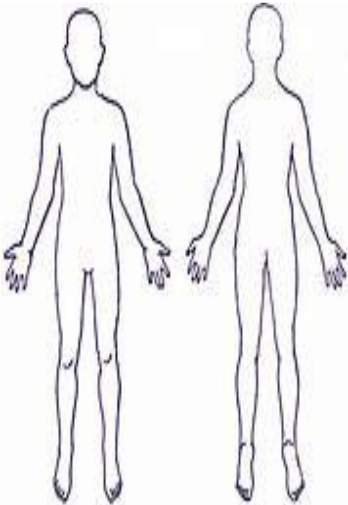
TREATMENT LEVEL PROVIDED
 FIRST AID ONLY EMS ON LOCATION OUTPATIENT HOSPITAL HOSPITAL ADMISSION

ANIMAL

ANIMAL TYPE _____ **OWNER** CONTESTANT CONTRACTOR OTHER

ANIMAL TREATMENT LEVEL PROVIDED
 NO TREATMENT TREATMENT BY OWNER TREATMENT BY VETENTARIAN

BRIEF DESCRIPTION OF INCIDENT INCLUDING CAUSE IF KNOWN & INCLUDE BODY PARTS INVOLVED:



DID THE INCIDENT RESULT IN A FATALITY? YES NO

ARENA DIRECTOR _____ PHONE _____

CHUTE COORDINATOR _____ PHONE _____

STOCK CONTRACTOR _____ PHONE _____

HEALTH & SAFETY COMMITTEE USE ONLY

INJURY TYPE
 MUSCULOSKELTAL
 SKIN
 NERVOUS SYSTEM
 RESPIRATORY
 CIRCULATORY SYSTEM

INJURY CLASSIFICATION
 SEVERITY SCORE 1
 SEVERITY SCORE 2
 SEVERITY SCORE 3

DATE RECEIVED _____

DATE PROCESSED _____

**** DO NOT USE ANY IDENTIFYING INFORMATION ON THIS FORM ****