



BC CARRIAGE DRIVING SOCIETY

Incident Report Form

To be completed by the technical delegate or event organizer and filed with the secretary of the BCCDS within 14 days of the competition.

Name of Competition	
Date(s) of Competition	
Date/Time of Incident	
Technical Delegate	
Name of other Officials	
Name of organizer	

Give a detailed description on the incident below. Include names of everyone involved, description of any injuries to people or equines, description of medical and/or veterinary attention given. Use additional pages if necessary.

General Description
Medical Aid for Driver or Equine
Property Damage

This information will be kept on file. If requested the secretary shall forward a copy to our insurance company. Make a copy for your own records. Mail or scan and email this form to the BCCDS secretary: Rachael Sdoutz, 1576 Chase Falkland Road, Chase, BC V0E 1M1. rsdoutz@gmail.com