



Official Accident Report

Meeting at _____ Date of accident _____

Race number _____ Track condition _____ Class of race _____ Number of starters _____

LIST OF HORSES AND DRIVERS INVOLVED

Horse	Horse medicated?	License No.
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Driver _____
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Driver _____
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Driver _____
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Driver _____
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Driver _____
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Driver _____
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Driver _____

Human drug test on drivers involved? _____

Cause or apparent cause _____

Persons injured and extent of injuries _____

Penalties imposed as a result of accident and investigation _____

Use this section for all other accidents incurred at a time other than in public race, i.e. during training, around the barns, etc.

Give names of person(s) involved, type of accident, circumstances surrounding it, and extent of injuries incurred. _____

NOTE: This report should be filled in on all accidents in connection with races and training and all accidents that occur on the track about the stables.

Signed (Presiding judge) _____

Signed (Clerk of course) _____

