

HARNESS RACING AUSTRALIA NATIONAL RISK PROTECTION PROGRAMME INCIDENT NOTIFICATION FORM

NOTIFICATION INFORMATION:

This form should be completed in all cases where an incident occurs involving a licenced person. The form should be completed by a Steward or other person holding a position of authority at the venue where the incident occurs. Categories include:

- Licence Holder** - a licensed trainer, driver or stable hand (Note: not all States offer insurance for Stablehands but form should still be completed). This includes incidents involving New Zealand licence holders.
- A separate form is required for each licence holder involved in the incident.**
- Please complete, print and return this form to insurance@hra.com.au. The Stewards Report and race footage need to be supplied as soon as practicable.

WHAT IS COVERED?

Policy details are available from the [National Website](#). (Please note: HRA is not authorised to give policy advice).

PERSONAL INFORMATION OF LICENCE HOLDER INVOLVED IN INCIDENT:

Licence Name / Number:	_____	_____	_____
	First Name	Surname	Licence Number
Venue where incident occurred:	_____	_____	
	Track Name	Location / State	
Date of Incident:	dd/mm/yyyy:	Race details / number (if applicable):	
Location of Incident:	<input type="radio"/> Race Track <input type="radio"/> Stables/Parade ring <input type="radio"/> Other _____		
Type of Event:	<input type="radio"/> Race Meeting <input type="radio"/> Trial Meeting <input type="radio"/> Morning / Afternoon <input type="radio"/> Twilight / Night		
Type of incident:	<input type="radio"/> Race Fall <input type="radio"/> Horse Incident (kick, bite, etc) <input type="radio"/> Machinery/Training gear <input type="radio"/> Other		
Weather Conditions:	<input type="radio"/> Wet/Raining <input type="radio"/> Dry/Clear <input type="radio"/> Windy <input type="radio"/> Still		
Sulky Type:	<input type="radio"/> Advantage <input type="radio"/> Aerolite <input type="radio"/> Aussie Eclipse <input type="radio"/> Challenger <input type="radio"/> Easy Ride <input type="radio"/> Evolution <input type="radio"/> Razor <input type="radio"/> Regal <input type="radio"/> Rio <input type="radio"/> Sprintwell <input type="radio"/> Spyder <input type="radio"/> Tsunami <input type="radio"/> Vitesse <input type="radio"/> Other (Name) _____		
Other Comments:			

LICENCE HOLDER DETAILS:

Type of Licence held:	<input type="radio"/> Trainer Driver <input type="radio"/> Driver <input type="radio"/> Trainer <input type="radio"/> Stablehand <input type="radio"/> NZ Licence
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TREATMENT DETAILS:

Was Licence holder taken to hospital?:	<input type="radio"/> Yes <input type="radio"/> No	Did Licence holder continue duties after incident?:	<input type="radio"/> Yes <input type="radio"/> No
Name of Hospital:			
Has horse Injury and Incident Form been completed?	<input type="radio"/> Yes <input type="radio"/> No		

SIGNATURE and POSITION OF PERSON LODGING INCIDENT FORM:

Signature:		Position:	
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