



All accidents that lead to a rider being injured and requiring professional (doctor, EMT, nurse, etc.) medical care will be reported to the Kingdom Earl Marshal and the Royal Equestrian with 24 hours via phone or email. This form is a required follow-up of that notification and must be filled in, signed and mailed within 72 hours of the accident/incident. Any incident involving injury to a spectator or property damage to a site as a result of a marshallate activity shall also be reported and this form completed and mailed or emailed in.

**Failure to follow this policy is cause for removal from office.**

Kingdom Earl Marshal:  
Sir Daniel D'Antioche (Dan Solum)  
3314 - 31st Avenue SW, Seattle WA 98126  
Tel: 206.937.2872  
earl-marshall@antir.sca.org

Kingdom Equestrian Marshal:  
HL Macha the Determined (Marti Bancroft)  
23205 NE Mountain Top Road, Newberg OR 97132-6406  
Tel: 503.925.5280, Cell: 503.703.4056, Fax: 503.925.5252  
royal-equestrian@antir.sca.org or macha@dragonsden.com

DATE OF INCIDENT	MODERN LOCATION WHERE INCIDENT TOOK PLACE	NAME OF BRANCH WHERE INCIDENT TOOK PLACE
INCIDENT TOOK PLACE AT: <input type="checkbox"/> EVENT (STATE NAME IN "OTHER" FIELD) <input type="checkbox"/> PRACTICE <input type="checkbox"/> OTHER (SPECIFY)		
SCA NAME OF INJURED PERSON	MODERN NAME OF INJURED PERSON	PHONE NUMBER
ADDRESS OF INJURED PERSON	EMAIL ADDRESS	
DESCRIBE THE SITUATION THAT CAUSED THE INJURY		
WHAT TREATMENT DID THE INJURED PARTY RECEIVE?		
WHAT CAN BE DONE TO PREVENT A RECURRENCE?		
SCA NAME OF PERSON SUBMITTING REPORT	MODERN NAME OF PERSON SUBMITTING REPORT	PHONE NUMBER
EMAIL ADDRESS OF PERSON SUBMITTING REPORT	<input type="checkbox"/> COLLATERAL REPORT HAS BEEN SENT TO CHIRURGEON <input type="checkbox"/> CHIRURGEON REPORT ATTACHED (IF APPLICABLE)	
EMIC PRINT LEGAL NAME	AUTOCRAT PRINT LEGAL NAME	CHIRURGEON PRINT LEGAL NAME
EMIC LEGAL SIGNATURE	AUTOCRAT LEGAL SIGNATURE (IF INJURY WAS AT EVENT)	CHIRURGEON LEGAL SIGNATURE (IF TREATED BY CHIRURGEON)
<b>OR</b> <input type="checkbox"/> BY CHECKING THIS BOX YOU AFFIRM THAT YOU ARE THE EQUESTRIAN MARSHAL IN CHARGE AND YOU ACKNOWLEDGE THAT YOU TAKE RESPONSIBILITY FOR THIS REPORT IN THE SAME MANNER AS IF YOU HAD SIGNED THIS FORM.	<b>OR</b> <input type="checkbox"/> BY CHECKING THIS BOX YOU AFFIRM THAT YOU ARE THE AUTOCRAT OF THIS EVENT AND YOU ACKNOWLEDGE THAT YOU TAKE RESPONSIBILITY FOR THIS REPORT IN THE SAME MANNER AS IF YOU HAD SIGNED THIS FORM.	<b>OR</b> <input type="checkbox"/> BY CHECKING THIS BOX YOU AFFIRM THAT YOU ARE THE TREATING CHIRURGEON OF THIS INJURY AND YOU ACKNOWLEDGE THAT YOU TAKE RESPONSIBILITY FOR THIS REPORT IN THE SAME MANNER AS IF YOU HAD SIGNED THIS FORM.