



1. Any injury to a person or animal which requires professional medical care must be reported to the Kingdom Equestrian Officer within 24 hours via phone or email. Incidents which involve injury to a spectator or damage to a site must also be reported. This form must be sent to the KEO and the Event Steward within 72 hours of the incident and be attached to the MIC report. (Add a page if necessary for a full description.) If the injury was to a rider, the Kingdom Seneschal must also be notified.
2. This form may also be used for other situations where an equestrian marshal supervising activities at an event or practice had concerns. In those cases, this form should be attached to the MIC report.
3. Contact information for officers may be found at: <http://antir.sca.org/Offices/index.php>

DATE OF INCIDENT		MODERN LOCATION WHERE INCIDENT TOOK PLACE		NAME OF BRANCH WHERE INCIDENT TOOK PLACE	
INCIDENT TOOK PLACE AT: <input type="checkbox"/> PRACTICE <input type="checkbox"/> DEMO <input type="checkbox"/> EVENT - SPECIFY:				INJURY WAS TO: <input type="checkbox"/> RIDER <input type="checkbox"/> HORSE <input type="checkbox"/> OTHER PARTICIPANT	
SCA NAME OF INJURED PERSON OR HORSE'S OWNER		LEGAL NAME OF INJURED PERSON OR HORSE'S OWNER		PHONE NUMBER	
ADDRESS OF INJURED PERSON			EMAIL ADDRESS		
DESCRIBE THE SITUATION THAT CAUSED THE INJURY					
WHAT TREATMENT DID THE INJURED PERSON RECEIVE?					
WHAT COULD BE DONE TO PREVENT A RECURRENCE?					
SCA NAME OF PERSON SUBMITTING REPORT			LEGAL NAME OF PERSON SUBMITTING REPORT		
EMAIL ADDRESS OF PERSON SUBMITTING REPORT			PHONE NUMBER (S)		
EQUESTRIAN MIC PRINT LEGAL NAME			EVENT STEWARD PRINT LEGAL NAME		
EQUESTRIAN MIC LEGAL SIGNATURE (IF SUBMITTING FORM IN PERSON OR BY MAIL)			EVENT STEWARD LEGAL SIGNATURE (IF SUBMITTING FORM IN PERSON OR BY MAIL)		
OR, for use if submitting form by email: <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.			OR, for use if submitting form by email: <input type="checkbox"/> BY CHECKING THIS BOX YOU AFFIRM THAT YOU ARE THE EVENT STEWARD FOR THIS EVENT AND YOU ACKNOWLEDGE THAT YOU TAKE RESPONSIBILITY FOR THIS REPORT IN THE SAME MANNER AS IF YOU HAD SIGNED THIS FORM.		