



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 in.

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

Kingdom Earl Marshal:

Master Dungadr Ravensfuri, OP (Curtis Sweatt)
PO Box 283, The Dalles, OR 97058
(541) 296-8097
earl-marshal@antir.sca.org; dmac@skyride.net

Kingdom Equestrian Marshal:

Master Togrul Guiscard (Dan Davis, Sr.)
2933 Hemlock Street, Longview WA 98632
Tel: (360) 425-8354 Fax: (360) 414-5911
equestrian-marshal@antir.sca.org; togrul@netzero.net

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) <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 LEGAL SIGNATURE	AUTOCRAT LEGAL SIGNATURE (IF INJURY WAS AT EVENT)	CHIRURGEON LEGAL SIGNATURE (IF TREATED BY CHIRURGEON)	
EMIC PRINT LEGAL NAME	AUTOCRAT PRINT LEGAL NAME	CHIRURGEON PRINT LEGAL NAME	