

**ONTARIO TRAIL RIDERS ASSOCIATION
RIDE INCIDENT REPORT FORM**

The Board of Directors of OTRA ask that you take a few minutes to fill out this form if you experience any incidents while attending a ride that you feel they should be aware of. This information will be confidential and will be used to review and implement safety management guidelines for future OTRA events.

Ride Host: _____

Ride Date: _____

Location: _____

Please briefly describe what occurred:

Was anyone injured? If so, what injuries?

Was a horse injured? If so, what injuries?

Can you offer any suggestions that could prevent such an incident from occurring on another OTRA trail ride?

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Signature of Member and Membership number

Thank you