



## RACE BIKE/JOG CART INCIDENT REPORT

Date of incident: \_\_\_\_\_

Where did the incident occur: \_\_\_\_\_

Describe the damage:

Race number (if applicable): \_\_\_\_\_

Race bike or Jog cart (circle one):                      Race bike                      Jog Cart

Name of the horse: \_\_\_\_\_

Owner of damaged bike/jog cart: \_\_\_\_\_

Make of bike/jog cart: \_\_\_\_\_

Purchase price: \_\_\_\_\_

Age of bike/jog cart: \_\_\_\_\_

Trainer: \_\_\_\_\_

Driver: \_\_\_\_\_

To be completed by a MHRI Director	Pictures included:    Yes / No
Approved by: _____	
Date approved: _____	

*Claims must be approved by the MHRI Board of Directors.*