



Eventing Fall Report Form

Section 1. Rider and Horse Information

Fall reference number (office use only)

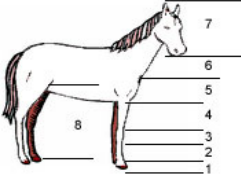
| | | | | |
|-----------------------|---------------------|--|-------------------------------|---------------------------------|
| Program number | Rider's name | | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| | Horses name | | | |

Section 2. Attendant Circumstances (What Happened)

| | | | | |
|---|---------------------------|----------------------------------|--|--|
| Date of accident | | Time of accident | | |
| Name of Event | | | | |
| Course Level | | | | |
| Accident location | Cross Country | Show Jumping | Dressage | Elsewhere |
| Did the fall involve a fence? | Yes | No | | |
| FENCE DETAILS | Number | Element (a, b, c etc.) | Route (If applicable "D" direct, "O" option) | Did frangible/deformable structure break? (if applicable "Y", "N") |
| | | | | |
| Description of fence | | | | |
| Fence associated with water? | No | Yes – fence before water | | Yes – fence after water |
| Accident type | Horse and rider both fell | | Rider unseated | |
| Did horse fall on or tread on rider? | Yes | No | | |
| Description of accident (What happened?) | | | | |
| Did the horse slip? | Yes | No | | |
| Ground Conditions | Deep | Heavy | | Slippery |
| | Good | Good to Firm | | Hard |
| Bend | Yes | No | | |
| Slope | Up | Down | Level Ground | |
| Course defect | No | Yes | Specify | |
| Other object struck | No | Yes | Specify | |
| Weather | Fine | Raining | Snowing | Other (Specify) |
| Wind | Yes | No | | |
| Poor visibility (fog, smoke, mist, etc) | Yes | No | | |

Rider name: _____

Section 3. Falls at fences (only complete if fall was at a fence)

| | | | | | |
|--|-----|---|------------------------------------|---|----|
| Did horse refuse? | Yes | No | Did horse break the fence? | Yes | No |
| Did horse hit fence on the way up? | Yes | No | Did horse tip portable fence over? | Yes | No |
| Did horse hit fence on the way down? | Yes | No | Did horse somersault? | Yes | No |
| Did horse hit the fence hard? | Yes | No | Did the rider hit the fence? | Yes | No |
| To be completed if accident involved a collision between a horse and a fence | | Please circle the number indicating the initial point of impact between the horse and the fence | |  | |

Section 4. Details of Injuries Sustained by Rider / Horse

| | | | | | |
|------------------------------|--------------------|---|--------------------------|-----------|----|
| Severity of rider's injuries | No apparent injury | Slight (Sprains, slight cuts and bruises) | Serious | Not Known | |
| Did Doctor attend? | Yes | No | | | |
| Was Air Jacket worn? | Yes | No | Did Air Jacket activate? | Yes | No |

| | | | | |
|-----------------------------|--------------------|---|---------|-----------|
| Severity of horses injuries | No apparent injury | Slight (sprains, slight cuts and bruises) | Serious | Not Known |
| Did vet attend? | Yes | No | | |

Section 5. Contributory Factors (why something went wrong)

| | | |
|--|-----|----|
| Situation misjudged by rider | Yes | No |
| Rider inexperience | Yes | No |
| Horse out of control | Yes | No |
| Rider distracted | Yes | No |
| Rider impaired by drink or drugs | Yes | No |
| Rider impaired by fatigue | Yes | No |
| Horse going too fast | Yes | No |
| Horse going too slow | Yes | No |
| Horse jumping into bright / sunlight or reflection | Yes | No |
| Horse jumping into shadow | Yes | No |
| Horse distracted | Yes | No |
| Horse fatigued | Yes | No |
| Horse impaired by health/injury | Yes | No |
| Other (specify) | | |

| | | | |
|------------------|--|-----------------------------|--|
| Fence Judge Name | | E-Mail Address or Phone No. | |
|------------------|--|-----------------------------|--|

Explanatory notes:

It is important that this form is completed accurately and submitted promptly. Information about all falls and injury accidents will be collated, analysed and acted upon in order to improve the risk management of our sport. A copy of this form must be completed in full following the occurrence of a fall. The form should be completed by a Fence Judge, Technical Delegate or other course official and should be submitted to the Technical Delegate on the day on which the fall occurs.