**TD FALL REPORT**

Event Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rider Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rider Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Horse Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Accident\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Accident\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accident Location : Dressage[ ]  Show Jumping [ ]  Cross Country[ ]  Other[ ]

Fence Details: Did the Fall Involve a Fence? Yes[ ]  No[ ]

Accident Type: Horse and Rider both Fell? [ ]  Rider Unseated? [ ]

Did the Horse Fall on or Tread on the Rider: Yes[ ]  No[ ]

Description of accident:

Ground and Weather Conditions:

Object or Jump Struck: Yes[ ]  No[ ]  Course Defect: Yes[ ]  No[ ]

Fall at Fence:
Horse Refused [ ]  Horse hit fence on way up[ ]  Horse hit fence on way down [ ]  N/A[ ]

Did the horse tip a portable fence? Yes[ ]  No[ ]

Did the horse somersault? Yes[ ]  No[ ]

Did the rider hit the fence? Yes[ ]  No[ ]

Details of Injury:
Initial point of impact for the horse on fence:
Chest[ ]  Head[ ]  Foreleg[ ]  Hindleg [ ]  Body[ ]

Severity of Riders Injury:
No apparent Injury[ ]  Slight (sprain bruising) [ ] Moderate[ ]  Serious[ ]  Unknown[ ]

Did Doctor attend? Yes[ ]  No[ ]  Was a air jacket worn? Yes[ ]  No[ ]

Did air jacket activate? Yes[ ]  No[ ]  Hospitalised? Yes[ ]  No[ ]

Severity of Horse Injury: Major veterinary action? Yes[ ]  No[ ]
No apparent Injury[ ]  Slight (sprain bruising) [ ] Moderate[ ]  Serious[ ]  Unknown[ ]

Fence Judge Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fence Judge Contact Info\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TD Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TD Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_