**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_