

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 _____