



Eventing Fall Report Form

PLEASE CIRCLE APPROPRIATE ANSWERS

| Section 1. | | Rider and Horse Information | | | |
|------------------------------|-----------|------------------------------------------------|--------|----------------------------------------------------------|-------|
| Rider's Back Number | | | | | |
| Rider's name | | | | Horse's name | |
| Sex of rider | Male | | Female | | |
| Severity of rider's injuries | No injury | Slight (e.g. sprains, slight cuts and bruises) | | Serious (e.g. fractures, hospital treatment required) | Fatal |
| | | | | | |

| Section 2. | | Attendant Circumstances (What Happened) | | | | | | |
|---------------------------------------------------|---------------------------|-----------------------------------------|---------------|-----|---------------------------------------------------------------------------|----------------|--------|--------------|
| Date of accident | | | | | | | | |
| Time of accident | | | | | | | | |
| | | | | | | | | |
| Name of Event | | | | | | | | |
| Event Type | CIC | | | CNC | | | | |
| was SJ before XC | Yes | | No | | | | | |
| Class | Tr Class | EvA80 | EvA95 | | EvA105 | 1 star | 2 Star | 3 star |
| Did the fall involve a fence? | Yes | | No | | | | | |
| Fence number / element / route (if applicable) | | | | | Did Frangible Pin break? <i>(Please circle)</i> (Yes No Not Frangible) | | | |
| Accident Location | Cross Country | | Show Jumping | | Dressage | Elsewhere | | |
| Accident type | Horse and rider both fell | | | | Rider Unseated | | | |
| Did horse fall / tread on rider? | Yes | | No | | | | | |
| Description of accident (what happened?) | | | | | | | | |
| | | | | | | | | |
| Did the horse slip? | Yes | | No | | | | | |
| Ground Conditions | Deep | | Heavy | | Slippery | Good to Soft | | |
| | Good | | Good to Firm | | Hard | Rough / Rutted | | |
| | | | | | | | | |
| Bend | No | | Yes | | | | | |
| Slope | Up | | Down | | | | | Level ground |
| Course defect | No | | Yes (specify) | | | | | |
| Other object struck | No | | Yes (specify) | | | | | |

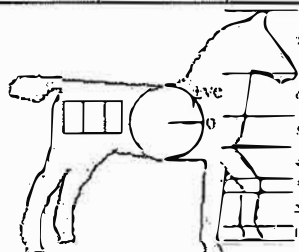
Rider Back No:

| | | | |
|--------------------------------------------------------------|------|---------|-------|
| Weather | Fine | Raining | Other |
| Wind | Yes | No | |
| Poor visibility (fog, smoke, mist, bright/low sunlight, etc) | Yes | No | |

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

| | | |
|--------------------------------------|-----|----|
| Did horse refuse? | Yes | No |
| Did horse hit fence on the way up? | Yes | No |
| Did horse hit fence on the way down? | Yes | No |
| Did horse hit fence hard? | Yes | No |
| Did horse break the fence? | Yes | No |
| Did horse tip portable fence over? | Yes | No |
| Did horse somersault? | Yes | No |
| Did the rider hit the fence? | Yes | No |

Section 4. Details of Injuries Sustained by Horse

| Severity of horse's injuries | | No injury | Slight | Serious | Fatal | Not known |
|------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------|-------|-----------|
| Did a vet attend? | | Yes | No |  | | |
| To be completed if accident involved a collision between a horse and a fence | | Please indicate the initial point of impact between the horse and the fence | | | | |

Section 5. Contributory Factors (Why Something Went Wrong)

| | | |
|------------------------------------------------------|-----|----|
| Situation misjudged by rider | Yes | No |
| Rider inexperience | Yes | No |
| Rider not in control of horse | 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/low 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 safety 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.