

# Fall Report Form

## Fence Judge to Complete

Event	Date
	Time:

Rider No	
Rider name	
Horse Name	

Class	National	FEI
	50	65
80	95	105
1*	2*	3*

Location		
CC	SJ	DR
W / Up CC	W / Up SJ	W / Up DR
CC Fence No:	Combination Fence?	Yes No

Rider Details		
Rider fall	Yes	No
Situation	Jump Related	Flat
Fall before Jump	Yes	No
Fall After Jump	Yes	No
Rider hit fence	Yes	No
Horse rolled on rider	Yes	No
Air Vest deployed	Yes	No

Horse Details		
Horse Fall	Yes	No
Horse Refusal	Yes	No
Horse hit fence	Yes	No
Rotational Fall	Yes	No
Horse slipped take off	Yes	No
Horse Slipped Landing	Yes	No
Horse slipped on Flat	Yes	No

Comments
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Judge Name	Phone No
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## Technical Delegate to Complete

### Rider Details

Rider Injured	Yes	No
Rider Concussion	Yes	No
Did Medical attend Incident	Yes	No
Did Rider attend medical	Yes	No
Rider taken to hospital	Yes	No

### Horse Details

Horse Injured	Yes	No
Did Vet attend incident	Yes	No
Did Horse attend Vet	Yes	No
Horse transported offsite	Yes	No
Horse Injury Fatal	Yes	No

### Fall Information

Ride lose control	Yes	No
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### Fence information

Fence Number		
Frangible	Yes	No
Did the Frangible Device break?	Yes	No

Combination Fence	Yes	No
Fence Type		
Fence Associated with Water?	Yes	No

Comments

TD Name