Fall Report Form

Fence Judge to Complete

Event		Date
		Time:
Rider No		
Rider name		
Horse Name		

Class	National	FEI
	45/50	60/65
80	95	1*
2*	3*	4*

Location		
СС	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

Judge Name

Phone No

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	N	lo
Did the Frangible Device break?		Yes	No

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

Comments

TD Name