



Form 10.8.5

## EA / PC EVENTING FALL REPORT FORM

<b>Section 1. Rider and Horse Information</b>		<b>Fall reference number (office use only)</b>			
Program number	Rider's name		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Rider PC:
	Horses name				Event PC:

### Section 2. Attendant Circumstances (What Happened)

Date of accident			Time of accident				
Name of Event							
Competition format	CNC			CCN			
Course	Learners	EVA65	EVA80	EVA95	EVA105	1 Star	2 star
	PCG5	PCG4	PCG3	PCG2	PCG1		
Accident location	Cross Country		Show Jumping	Dressage		Elsewhere	
Did the fall involve a fence?	Yes	No					
FENCE DETAILS	Number	Element (a, b, c etc.)	Route (if applicable "D" direct, "O" option)	Did frangible/deformable structure break? (if applicable "Y", "N")			
Description of fence							
Fence associated with water?	No	Yes – Fence before water		Yes – Fence after water			
Accident type	Horse and rider both fell		Rider unseated				
Did horse fall on or 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	Yes	No					
Slope	Up	Down		Level Ground			
Course defect	No	Yes	Specify				
Other object struck	No	Yes	Specify				
Weather	Fine	Raining		Snowing		Other (specify)	
Wind	Yes	No					
Poor visibility (fog, smoke, mist, etc.)	Yes	No					

**Rider name:** \_\_\_\_\_



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

Did horse refuse?	Yes	No	Did horse break the fence?	Yes	No
Did horse hit fence on the way up?	Yes	No	Did horse tip portable fence over?	Yes	No
Did horse hit fence on the way down?	Yes	No	Did horse somersault?	Yes	No
Did horse hit the fence hard?	Yes	No	Did the rider hit the fence?	Yes	No
To be completed if accident involved a collision between a horse and a fence		Please circle the number indicating the initial point of impact between the horse and the fence			

### Section 4. Details of Injuries Sustained by Rider / Horse

Severity of rider's injuries	No apparent injury	Slight (Sprains, slight cuts and bruises)	Serious	Not known	
Did Doctor attend?	Yes		No		
Was Air Jacket worn?	Yes	No	Did Air Jacket activate?	Yes	No

Severity of horses injuries	No apparent injury	Slight (Sprains, slight cuts and bruises)	Serious	Not known
Did vet attend?	Yes		No	

### Section 5. Contributory Factors (why something went wrong)

Situation misjudged by rider	Yes	No
Rider inexperience	Yes	No
Horse out of control	Yes	No
Rider distracted	Yes	No
Rider impaired by fatigue	Yes	No
Horse going too fast	Yes	No
Horse going too slow	Yes	No
Horse jumping into bright / 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 risk management 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, FEI Technical Delegate or other course official and should be submitted to the Technical Delegate on the day on which the fall occurs.