

FEI Eventing Fall Report Form 2013

Section 1. Rider and Horse Information

Fall reference number (office use only)

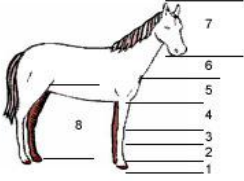
Program number	Rider's name		Male <input type="checkbox"/>	Female <input type="checkbox"/>	FEI ID No.
	Horses name		Passport No.		

Section 2. Attendant Circumstances (What Happened)

Date of accident		Time of accident		
Name of Event				FEI calendar No.
Competition format	CI-Short		CI-Long	
Course Level	1 star	2 star	3 star	4 star
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	Good to Firm		Hard
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 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 / 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.	
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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 FEI Technical Delegate on the day on which the fall occurs.