

FEI Eventing Fall Report Form 2008

Section 1. Rider and Horse Information

Fall reference number (office use only)

Program number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px 0;"></div>	Rider's name	Male <input type="checkbox"/>	Female <input type="checkbox"/>	FEI ID No.
	Horses name	Passport No.		
Severity of rider's injuries	No injury	Slight (Sprains, slight cuts and bruises)		Serious (Hospital treatment required)
Did horse and rider continue?	Yes	No		

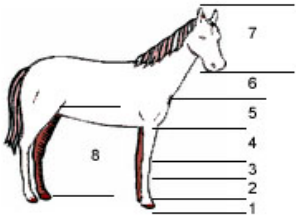
Section 2. Attendant Circumstances (What Happened)

Date of accident		Time of accident		
Name of Event				FEI calendar No.
Event Type	CIC		CCI	
Class	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)	Did Frangible Pin break? (yes, no, not frangible)
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		

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

Section 4. Details of Injuries Sustained by Horse

Severity of horses injuries	No injury	Slight	Serious	Fatal	Not known
Did 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
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 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, FEI Technical Delegate or other course official and should be submitted to the FEI Technical Delegate on the day on which the fall occurs.