

FEI EVENTING FALL REPORT FORM

1. Athlete and Horse Information

Program number:	Athlete's name:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Horses name:		

2. Attendant Circumstances (What Happened)

Date of accident:		Time of accident:			
Name of Event:					
Competition format	CI-Short			CI-Long	
Course Level	1 *	2*	3 *	4 *	5*
Accident location	Dressage	Cross Country	Show Jumping	Elsewhere (warm-up, etc)	
Description of accident (What happened?):					
Accident type	Horse and Athlete both fell		Athlete unseated		
	Fall on the flat Horse & Athlete (not fence related)	Fall on the flat Athlete only (not fence related)	Trapped horse		

Did the fall involve a fence? ("Y", "N")				
Fence details :	Number:	Element : (a, b, c etc.)	Route : ("D" direct, "O" option)	Did frangible fence fall? ("Y", "N")
Description of fence:				

Ground Conditions:	Deep	Heavy	Slippery	Good to Soft
	Good	Good to Firm	Hard	Rough / Rutted
Weather:	Fine	Raining	Snowing	Other (specify)

	YES	NO	Comments
Did Horse fall on or tread on Athlete?			
Fence associated with water?			Is yes before or after water?
Course defect?			Specify:
Other object struck?			Specify:
Did the Horse slip?			
Wind?			
Poor visibility? (fog, smoke, mist, etc)			Specify:

Athlete and horse name: _____

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

	YES	NO		YES	NO
Did Horse refuse?			Did Horse break the fence?		
Did Horse hit fence on the way up?			Did Horse tip portable fence over?		
Did Horse hit fence on the way down?			Did Horse have a <u>rotational fall</u> ?		
Did Horse hit the fence hard?			Did Horse have a <u>torsional fall</u> ?		
Did the Athlete hit the fence?					
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.					

4. Details of Injuries Sustained by Athlete / Horse

Severity of Athlete's injuries:	No apparent injury	Minor (Sprains, slight cuts and bruises)	Serious	Not known
Severity of Horses injuries:	No apparent injury	Minor (Sprains, bruises, cuts)	Serious	Not known
	YES	NO		
Did Doctor attend?				
Did vet attend?				
Was Air Jacket worn?				
Did Air Jacket activate?				
Was there a martingale?				

5. Contributory Factors (why something went wrong)

	YES	NO
Situation misjudged by Athlete		
Horse out of control		
Horse going too fast		
Horse going too slow		
Horse jumping into bright / sunlight or reflection		
Horse jumping into shadow		
Horse fatigued		
Horse impaired by health/injury		
Other (specify):		

Fence Judge Name:	E-Mail Address or Phone N°:
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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