

ESNZ Eventing Fall Report Form

Section 1. Athlete and Horse Information

Fall reference number (office use only)

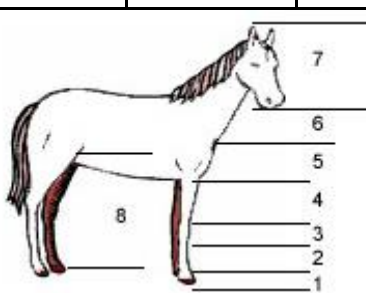
Program number <div style="border: 1px solid black; width: 80px; height: 20px; margin-top: 5px;"></div>	Athlete's name		Male <input type="checkbox"/>	Female <input type="checkbox"/>	ESNZ ID No.
	Horses name		ESNZ ID No.		

Section 2. Attendant Circumstances (What Happened)

Date of accident		Time of accident		
Name of Event				
Class	CCN65	CCN80	CCN95	CCN105
	CCN1*	CCN2*	CCN3*	CCN4*
Accident location	Cross Country	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 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 Athlete both fell		Athlete unseated	
Did horse fall on or tread on Athlete?	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	Rain	Snow	Other (specify)
Wind	Yes	No		
Poor visibility (fog, smoke, mist, etc)	Yes	No		

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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 Athlete hit the fence?	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 <div style="text-align: right; margin-top: 10px;">  </div>		

Section 4. Details of Injuries Sustained by Athlete /Horse

Severity of Athlete'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 Veterinarian attend?	Yes	No		

Section 5. Contributory Factors (why something went wrong)

Situation misjudged by Athlete	Yes	No	Horse jumping into bright / sunlight or reflection	Yes	No
Horse out of control	Yes	No	Horse jumping into shadow	Yes	No
Athlete distracted	Yes	No	Horse distracted	Yes	No
Horse going too fast	Yes	No	Horse fatigued	Yes	No
Horse going too slow	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, Technical Delegate or other course official and should be submitted to the Technical Delegate on the day on which the fall occurs.