

# British Riding Clubs Accident & Fall Form

## 1: Venue Details:

Date of accident:		Time of accident:	
Name of Event:			
Location of Event:			
Element of the Event: <small>(ensure to complete section 3 appropriate section)</small>	Dressage <input type="checkbox"/>	Show Jumping <input type="checkbox"/>	Cross Country <input type="checkbox"/>
	Elsewhere <input type="checkbox"/>		

## 2: Rider:

				<i>Official use only</i>			
Rider's number	Rider's name	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Membership No:			
	Horse's name			Passport No:			
Severity of rider's injuries:	No injury <input type="checkbox"/>	Slight (Sprain, cuts & bruises) <input type="checkbox"/>	Serious (Hospital treatment required) <input type="checkbox"/>	Fatal <input type="checkbox"/>			
Rider seen by?	Doctor <input type="checkbox"/>	Medic <input type="checkbox"/>	First Aider <input type="checkbox"/>	Refused <input type="checkbox"/>			
Was Air Jacket worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Did Air Jacket activate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Description of the Incident (What happened if not at a Fence)							

## 3: Specific Element of the Event where incident occurred:

<b>3A: Dressage:</b>	Where did event occur?	Warm up Area <input type="checkbox"/>	Dressage Test Arena <input type="checkbox"/>	Arena No: <input type="checkbox"/>
<b>3B: Show Jumping:</b>	Where did event occur?	Warm up Area <input type="checkbox"/>	Show Jumping Arena <input type="checkbox"/>	Height: <input type="checkbox"/>
	Did the fall involve a fence?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Fence No. & element <input type="checkbox"/>
	Description of the Fence:			
<b>3C: Cross Country:</b>	Where did event occur?	Warm up Area <input type="checkbox"/>	Cross Country course <input type="checkbox"/>	Height: <input type="checkbox"/>
	Did the fall involve a fence?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Fence No. & element <input type="checkbox"/>
	Description of the Fence:			

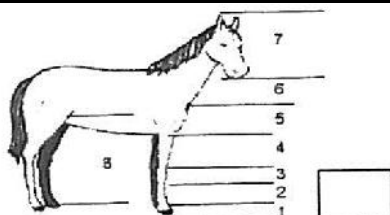
## 4: Conditions:

Ground Conditions	Deep <input type="checkbox"/>	Heavy <input type="checkbox"/>	Slippery <input type="checkbox"/>	Good to Soft <input type="checkbox"/>
	Good <input type="checkbox"/>	Good to Firm <input type="checkbox"/>	Hard <input type="checkbox"/>	Rough/Rutted <input type="checkbox"/>
Weather	Fine <input type="checkbox"/>	Raining <input type="checkbox"/>	Snowing <input type="checkbox"/>	Other (specify below)
Windy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Poor visibility (fog, smoke, mist etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (specify)				

## 5: Horse:

Did the horse:	Slip <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fall or tread on rider	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did horse and rider continue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Did the horse refuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Did the horse break the fence?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the horse hit the fence on the way up?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Did the horse tip the portable fence over?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the horse hit the fence on the way down?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Did the horse somersault?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the horse hit the fence hard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Did the Rider hit the Fence?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

## 6: Details of Injuries Sustained by the Horse

Severity of horse injury	No injury <input type="checkbox"/>	Slight <input type="checkbox"/>	Serious <input type="checkbox"/>	Fatal <input type="checkbox"/>	Not known <input type="checkbox"/>	
Did Vet attend	No <input type="checkbox"/>	Yes <input type="checkbox"/>				
To be completed if accident involved a collision between a horse and fence	Please indicate the initial point of contact between horse and rider:					

### 7: Fence details:

Fence details:	Fence No. <input type="text"/>	Fence Element: (A, B, C etc) <input type="text"/>	Route (if applicable) <input type="text"/>	Frangible Pin fitted <input type="text"/>	Did Frangible Pin break?	
					Yes <input type="text"/>	No <input type="text"/>
Description of Fence:						
Fence associated with Water?	No <input type="text"/>	Yes - Fence before Water <input type="text"/>	Yes - Fence after Water <input type="text"/>			
Fall Type	Horse & Rider both fell: <input type="text"/>		Rider Unseated <input type="text"/>	No Fall <input type="text"/>		
Bend in riders line or course?	No <input type="text"/>	Yes <input type="text"/>	Specify			
Course sloped?	Down <input type="text"/>	Up <input type="text"/>	Level Ground <input type="text"/>			
Course Defect?	No <input type="text"/>	Yes <input type="text"/>	Specify			
Other Object involved?	No <input type="text"/>	Yes <input type="text"/>	Specify			
Fence, object, area photographed?	Yes <input type="text"/>	No <input type="text"/>	Photographer's name: <input type="text"/>			
Description of Incident (what happened)						

### 8: Contributory Factors (Why something went wrong?)

Situation misjudged by rider?	No <input type="text"/>	Yes <input type="text"/>	Horse going to slow?	No <input type="text"/>	Yes <input type="text"/>
Rider inexperienced?	No <input type="text"/>	Yes <input type="text"/>	Horse jumping into bright sunlight/reflection?	No <input type="text"/>	Yes <input type="text"/>
Rider distracted?	No <input type="text"/>	Yes <input type="text"/>	Horse jumping into shadow?	No <input type="text"/>	Yes <input type="text"/>
Rider impaired by drink or drugs?	No <input type="text"/>	Yes <input type="text"/>	Horse distracted	No <input type="text"/>	Yes <input type="text"/>
Rider impaired by fatigue?	No <input type="text"/>	Yes <input type="text"/>	Horse fatigued?	No <input type="text"/>	Yes <input type="text"/>
Horse out of control?	No <input type="text"/>	Yes <input type="text"/>	Horse impaired by health/injury?	No <input type="text"/>	Yes <input type="text"/>
Horse going to fast?	No <input type="text"/>	Yes <input type="text"/>			
Other (specify)					
Judge-Print Name			Judges e-mail and/or No.	Phone	
Judge's Signature					

### 9: Witness Statement (for any other witnesses or can be used to provide a more comprehensive write up or diagrams)

Witness-Print Name			Witnesses' e-mail and/or Phone No.
Witnesses' Signature			
Details endorsed in Event's/Club's Accident Book by:			Date:
Explanatory Note:			
Please complete this form as far as practical but ensure that you complete sections 1, 2 and dependant on where the Accident or Fall occurred, complete section 3a, 3b or 3c as applicable. Continue through sections 4 - 8 as applicable. If there is any other information that you consider may be relevant, please use the respective section or the "Other (specify) box above your name block. Thank you for your assistance			