

British Riding Clubs Accident, Incident & Fall Form

(Confidential When Completed)

1. Venue Details:

Date of accident:		Time of accident:		
Name of Event:		Club name:		
Location of Event/Incident:				
Element of the Event/Incident: (ensure to complete ALL appropriate section)	Dressage <input type="checkbox"/>	Show Jumping <input type="checkbox"/>	Cross Country <input type="checkbox"/>	Event - Other <input type="checkbox"/>
	Warm up Area <input type="checkbox"/>	Arena No: <input type="checkbox"/>	Did the fall involve a fence? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Height: <input style="width: 50px;" type="text"/>	

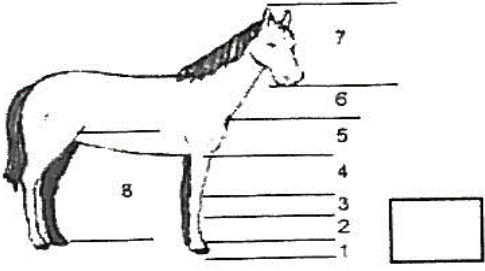
2. Rider/Person:

Rider's number	Rider's/ Injured person's name		Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
	Horse's name		Junior: <input type="checkbox"/>	Senior: <input type="checkbox"/>	
Severity of rider's/ Injured party injuries:	No injury <input type="checkbox"/>	Slight (sprain, cuts & bruises) <input type="checkbox"/>	Concussed <input type="checkbox"/>	Serious (Hospital treatment required) <input type="checkbox"/>	Fatal <input type="checkbox"/>
Rider/ Injured party seen by?	Doctor <input type="checkbox"/>	Paramedic <input type="checkbox"/>	First Aider <input type="checkbox"/>	First Response Medical Care (FREC®) <input type="checkbox"/>	Not Seen <input type="checkbox"/> Refused <input type="checkbox"/>
Was Body Protector worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Was Air Jacket worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Did it activate?	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Did the Horse/Rider:

Slip?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Refuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Somersault?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hit the fence on the way up?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hit the fence on the way down?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hit the fence hard?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Break the fence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tip the portable fence over?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Get stuck in the fence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fall or tread on rider?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Did the Rider hit the Fence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Horse & Rider both fall:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rider Unseated	Yes <input type="checkbox"/> No <input type="checkbox"/>	No Fall	Yes <input type="checkbox"/> No <input type="checkbox"/>	Did horse and rider continue?	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. 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	Yes <input type="checkbox"/> No <input type="checkbox"/>	On the diagram, indicate the point of impact between horse & rider:				
To be completed if incident involved a point of contact between horse & fence (Specify):						

5. Fence details:

Fence details:	Fence No. <input type="checkbox"/>	Element A, B, C etc. <input type="checkbox"/>	Route (if applicable) <input type="checkbox"/>	Frangible Pin fitted <input type="checkbox"/>	MIM fitted <input type="checkbox"/>	Did Frangible Pin/MIM break? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fence associated with Water?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fence before Water	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fence after Water	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Bend in riders line or course?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Course sloped?	Up <input type="checkbox"/> Down <input type="checkbox"/>	Course Defect?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other Object involved?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fence, object, area photographed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Photographer's name:			

Description of the Fence or where incident occurred:

6. 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"/>	Windy <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Poor visibility (fog, smoke, mist etc.) <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

7. Contributory Factors - Did something go wrong?

Situation misjudged by rider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Horse out of control?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Horse jumping into shadow?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rider inexperienced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Horse going to fast?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Horse distracted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rider distracted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Horse going to slow?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Horse fatigued?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rider impaired by drink or drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Horse jumping into bright sunlight/reflection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Horse impaired by health/injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rider impaired by fatigue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other (specify)					

Judge-Print Name		Judges e-mail and/or Phone No.	
Judge's Signature			

8. Witness Statement A (for any other witnesses or can be used to provide a more comprehensive write up or diagrams)

Witness-Print Name		Witness e-mail and/or Phone No.	
Witness Signature			

8. Witness Statement B (for any other witnesses or can be used to provide a more comprehensive write up or diagrams)

Witness-Print Name		Witness e-mail and/or Phone No.	
Witness Signature			

Details endorsed in Event's/Club's Accident Book by:		Date:
Completed by:	Print Name:	Date:

Explanatory Note: Please complete this form as far as practical but ensure that you complete all the relevant sections and dependant on where the Incident, Accident or Fall occurred. If there is any other information that you consider may be relevant, please use the respective section or the "Other (specify) box.
Thank you for your assistance