

# APPENDIX 10 - BRITISH RIDING CLUBS ACCIDENT REPORT FORM

## 1: Venue Details:

Date of accident:				Time of accident:		
Name of Event:						
Location of Event:						
Element of the Event: (ensure to complete section 3 appropriate section)	Dressage <input type="checkbox"/>	Show Jumping <input type="checkbox"/>	Cross Country <input type="checkbox"/>	Showing-Elsewhere <input type="checkbox"/>		
<b>2: Rider:</b>				<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"/>	Concussed <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 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"/>
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"/>
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"/>	<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 fit 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 point of contact between horse and fence	Please indicate the initial point of contact between horse and fence:				
Other (specify)					

**7: Fence details:**

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

**8: Contributory Factors - Did something go 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 Phone No.	
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:
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Completed by:	Print Name:	Date:
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**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 & 9 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.