



Fall Report Form

Event (Pre completed)

Date (Pre Completed)

Fence Judge to Complete

Rider name					
Horse Name					
Rider Number		Fence Number			
Rider Fall	Yes		Horse Fall	Yes TD Report	
Class	CNC	CIC	Location		
	CCN	CCI	XC	SJ	DR
80	95	105 / Intro	W / Up XC	W / Up SJ	W / Up DR
1*	2*	3 / 4*	Other (Please Enter)		

Rider Fall Information

Rider Details			Fall Details		
Jump Related	Yes	No	Approach	Controlled	Uncontrolled
Was rider wearing an air vest	Yes	No	Slow	Fast	Jump Standstill
Did it deploy	Yes	No	Fall before Jump	Yes	No
Did medical attend incident	Yes	No	Fall After Jump	Yes	No
Rider Injured	Yes TD Report	No	Horse Refusal	Yes	No

Fence Information

Combination	Yes	No	Frangible Fence	Yes	No
Fence / Element Number			Did frangible device deploy	Yes TD Report	No

Comments that may help understand why fall heppened

Judge Name

Phone No

Technical Delegate to Complete

Rider Injury	None	Serious
	Minor	Fatal

Rider Concussion	Yes TD / EA Report	No
Rider taken to hospital	Yes	No

Horse Fall Details

Rotational Fall	Yes	No
Horse hit fence	Yes	No
Horse slipped take off	Yes	No
Horse Slipped Landing	Yes	No

Horse slipped on Flat	Yes	No
Checked by vet	Fall Site	Vet Check
Horse Injury	None	Minor
	Serious	Fatal

Additional Information for Serious Incidents

If rotational fall or Horse or Rider injured

FEI Fence code		
Fence photographs	Yes	No
Fall photographs	Yes	No

Fence Dimensions		
Fall Video	Yes	No
Incident reaction Time		

Other comments that may help in the investigation into the incident

TD Name

TD Contact email and Phone No