

Pony Club Victoria Fall Report Form



Section 1. Rider and Horse Information

Rider's Back number	Rider's name		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Club/Open		
	Horse's name						
Severity of rider's injuries		No injury	Slight (Sprains, slight cuts and bruises)		Serious (Hospital treatment required)		Fatal

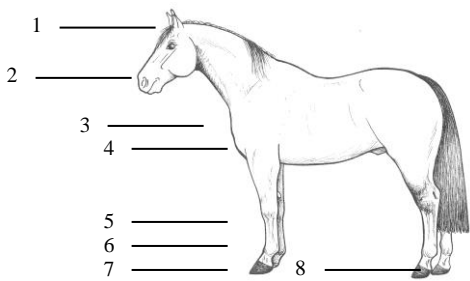
Section 2. Attendant Circumstances (What Happened)

Date of accident							Time of accident	
Name of Event								
Event Type								
Grade	110	1	2	3	4	5	6	
Accident location	Cross Country		Show Jumping			Dressage	Elsewhere	
Did the fall involve a fence?	No	Yes						
FENCE DETAILS	Number	Element (a, b, c etc.)	Route (If applicable "D" direct, "O" option)		Did frangible/deformable structure break? (if applicable "Y", "N")			
Description of fence								
Fence associated with water?	No	Yes – Fence before water				Yes – Fence after water		
Accident type	Horse and rider both fell			Rider unseated				
Did horse fall on or tread on rider?	No	Yes						
Description of accident (what happened?)								
Did the horse slip?	No	Yes						
Ground Conditions	Deep	Heavy		Slippery		Good to Soft		
	Good	Good to Firm		Hard		Rough / Rutted		
Bend	No	Yes						
Slope	Up	Down	Level Ground					
Course defect	No	Yes	Specify					
Other object struck	No	Yes	Specify					
Weather	Fine	Raining	Snowing	Other (specify)				
Wind	No	Yes						
Poor visibility (fog, smoke, mist, etc)	No	Yes						

Section 3. Falls at fences (only complete if fall was at a fence)

Did horse refuse?	No	Yes	Did horse break the fence?	No	Yes
Did horse hit fence on the way up?	No	Yes	Did horse tip portable fence over?	No	Yes
Did horse hit fence on the way down?	No	Yes	Did horse somersault?	No	Yes
Did horse hit the fence hard?	No	Yes	Did the rider hit the fence?	No	Yes

Section 4. Details of Injuries Sustained by Athlete/Horse

Severity of Athlete's injuries	No apparent injury	Slight (Sprain, slight cuts, & bruises)	Serious	Unknown	
Did Doctor attend?	Yes	No			
Was Protective Vest worn?	Yes	No	If Air Jacket – did it activate?	Yes	No
Severity of Horse's injuries	No injury	Slight	Serious	Fatal	Not known
Did vet attend?	No	Yes			
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				
Was there a lever effect on the bit?	Was there a martingale?		Were there back (thigh) blocks on the saddle?		
Yes	No	Unknown	Yes	No	Unknown

Section 5. Contributory Factors (why something went wrong)

Situation misjudged by rider	No	Yes
Rider inexperience	No	Yes
Horse out of control	No	Yes
Rider distracted	No	Yes
Rider impaired by drink or drugs	No	Yes
Rider impaired by fatigue	No	Yes
Horse going too fast	No	Yes
Horse going too slow	No	Yes
Horse jumping into bright / sunlight or reflection	No	Yes
Horse jumping into shadow	No	Yes
Horse distracted	No	Yes
Horse fatigued	No	Yes
Horse impaired by health/injury	No	Yes
Other (specify)		

Fence Judge Name		Phone No and/or Email address	
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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 Secretary on the day on which the fall occurs to be forwarded to PCAV with the incident report form.