

# 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"/>		
	Horses name					
Severity of rider's injuries	No injury	Slight (Sprains, slight cuts and bruises)		Serious (Hospital treatment required)		Fatal

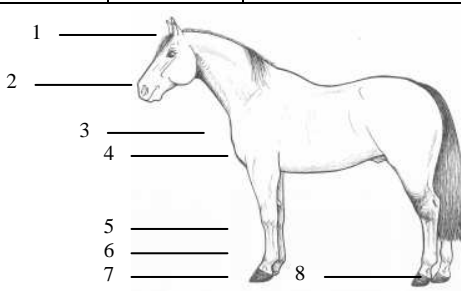
## Section 2. Attendant Circumstances (What Happened)

Date of accident				Time of accident		
Name of Event						
Event Type						
Grade	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	
Accident location	Cross Country		Show Jumping	Dressage	Elsewhere	
Did the fall involve a fence?	No	Yes				
FENCE DETAILS	Number	Element (a, b, c etc.)				
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 Horse

Severity of horses 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				

### 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.	
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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.