

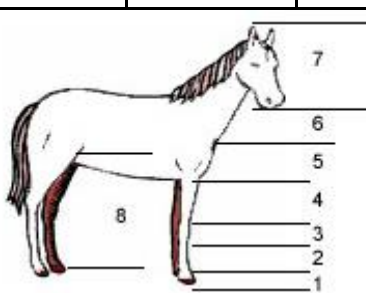
## ESNZ Eventing Fall Report Form 2019

<b>Section 1. Athlete and Horse Information</b>			<i>Fall reference number (office use only)</i>		
<b>Program number</b> <div style="border: 1px solid black; width: 80px; height: 20px; margin-top: 5px;"></div>	<b>Athlete's name</b>		Male <input type="checkbox"/>	Female <input type="checkbox"/>	<b>ESNZ ID No.</b>
	<b>Horses name</b>				<b>ESNZ ID No.</b>

<b>Section 2. Attendant Circumstances (What Happened)</b>				
<b>Date of accident</b>		<b>Time of accident</b>		
<b>Name of Event</b>				
<b>Class</b>	CCN65	CCN80	CCN95	CCN105
	CCN1*	CCN2*	CCN3*	CCN4*
<b>Accident location</b>	Cross Country	Jumping	Dressage	Elsewhere
<b>Did the fall involve a fence?</b>	Yes	No		
<b>FENCE DETAILS</b>	<b>Number</b>	<b>Element</b> (a, b, c etc.)	<b>Route</b> (If applicable) "D" Direct, "O" Option	<b>Did Frangible Pin break?</b> (yes, no, not frangible)
<b>Description of fence</b>				
<b>Fence associated with water?</b>	No	Yes – Fence before water		Yes – Fence after water
<b>Accident type</b>	Horse and Athlete both fell		Athlete unseated	
<b>Did horse fall on or tread on Athlete?</b>	Yes	No		
<b>Description of accident – (what happened?)</b>				
<b>Did the horse slip?</b>	Yes	No		
<b>Ground Conditions</b>	Deep	Heavy	Slippery	Good to Soft
	Good	Good to Firm	Hard	Rough / Rutted
<b>Bend</b>	Yes	No		
<b>Slope</b>	Up	Down	Level Ground	
<b>Course defect</b>	No	Yes	Specify	
<b>Other object struck</b>	No	Yes	Specify	
<b>Weather</b>	Fine	Rain	Snow	Other (specify)
<b>Wind</b>	Yes	No		
<b>Poor visibility (fog, smoke, mist, etc)</b>	Yes	No		

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

Did horse refuse?	Yes	No	Did horse break the fence?	Yes	No
Did horse hit fence on the way up?	Yes	No	Did horse tip portable fence over?	Yes	No
Did horse hit fence on the way down?	Yes	No	Did horse somersault?	Yes	No
Did horse hit the fence hard?	Yes	No	Did the Athlete hit the fence?	Yes	No
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 <div style="text-align: right; margin-top: 10px;">  </div>		

### Section 4. Details of Injuries Sustained by Athlete /Horse

Severity of Athlete's injuries	No apparent injury	Slight (Sprains, slight cuts and bruises)	Serious	Not known
Did Doctor attend?	Yes	No		
Was Air Jacket worn?	Yes	No		
Did Air Jacket activate?	Yes	No		

Severity of horses injuries	No apparent injury	Slight (Sprains, slight cuts and bruises)	Serious	Not known
Did Veterinarian attend?	Yes	No		

### Section 5. Contributory Factors (why something went wrong)

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

Fence Judge Name		E-Mail Address or 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 Technical Delegate on the day on which the fall occurs.