

CROSS COUNTRY TEAM EVENTS ACCIDENT REPORT FORM

(Please circle or fill in where appropriate)

SECTION 1				
Name of Event		Date		Time
Rider's Name (in programme?)		Male/ Female	Team No. and Bib Colour	
CLASS	HUNTER TRIAL	NOVICE	INTERMEDIATE	OPEN
Severity of Rider's Injuries	No Injury	Slight (i.e. sprains, slight cuts and bruises)		Serious (i.e. fractures, hospital treatment required)
Was medical assistance offered?	YES / NO	Was medical assistance accepted?		YES / NO
SECTION 2				
Did the Fall involve a fence?	YES / NO	Fence No.		Location on Course
Description of Accident (What happened?) + Simple Diagram				
Accident Type	Horse and Rider both fell		Rider Unseated	
Did the horse slip?	Yes		No	
Ground Conditions	1 Deep 2 Heavy	3 Slippery 4 Good to Soft	5 Good 6 Good to Firm	7 Hard 8 Rough/Rutted
Weather	Windy	Light Rain	Heavy Rain	Poor Visibility (i.e. fog, mist, etc.)
SECTION 3				
Was the horse injured? (Did vet attend?)	YES			NO
	NAME OF VET			

Signature of person completing the form	Telephone Number.....
Address:	
Please Print Name:	Position Held:.....
Date and Time Form Completed:	

Signature of Witness Present	Telephone Number.....
Address:	
Please Print Name:	
Date and Time Form signed:	

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 OR OTHER COURSE OFFICIAL AND SHOULD BE SUBMITTED TO THE GROUND JURY ON THE SAME DAY AS THE FALL.

ALL FORMS SHOULD BE RETAINED BY THE EVENT AND MADE AVAILABLE TO THE COURSE INSPECTOR THE FOLLOWING YEAR. THEY SHOULD THEN BE KEPT FOR A TOTAL OF FIVE YEARS (OR IF THE ACCIDENT INVOLVED A RIDER UNDER THE AGE OF 18, FOURS YEAR AFTER THEY BECOME 18).