

BRC – Cross-Country Fall Report Form

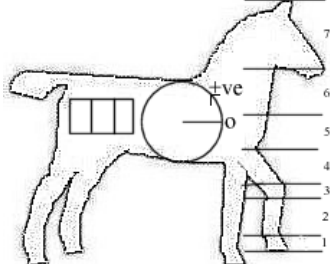
PLEASE CIRCLE APPROPRIATE ANSWERS

Section 1.	Rider and Horse Information			
Rider's programme number		<i>Also, BRC number (office use only)</i>		
Rider's name (Can be found in programme)				
Sex of rider	Male	Female		
Severity of rider's injuries	No injury	Slight (e.g. sprains, slight cuts and bruises)	Serious (e.g. fractures, hospital treatment required)	Fatal

Section 2.	Attendant Circumstances (What Happened)				
Date of accident			Unique BRC Reference Number (to be completed by TRL / BRC staff)		
Time of accident					
Name of Event					
Course Status	1 day event	2 day event	3 day event		
Class-for qualifiers please specify if competitor is HC or part of qualifier.	Senior Novice Qualifier/HC	Senior Open Qualifier/HC	Junior Qualifier/HC	Senior Novice Championship	Senior Open Championship
				Junior Championship	Home International Championship
Did the fall involve a fence?	Yes	No			
Fence number / element /route (if applicable)					
Accident Location	Cross Country	Show Jumping	Dressage	Elsewhere	
Accident type	Horse and rider both fell		Rider Unseated		
Did horse fall / tread on rider?	Yes	No			
Description of accident (what happened?)					
Did the horse slip?	Yes	No			
Ground Conditions	Deep	Heavy	Slippery	Good to Soft	
	Good	Good to Firm	Hard	Rough / Rutted	
Bend	No	Yes			
Slope	Up	Down			
Course defect	No	Yes (specify)			
Other object struck	No	Yes (specify)			

Weather	Fine	Raining	Snowing	Other
Wind	Yes	No		
Poor visibility (fog, smoke, mist, etc)	Yes	No		

Section 3.	Falls at fences (only complete if fall was at a fence)		
	Did horse refuse?	Yes	No
	Did horse hit fence on the way up?	Yes	No
	Did horse hit fence on the way down?	Yes	No
	Did horse hit the fence hard?	Yes	No
	Did horse break the fence?	Yes	No
	Did horse tip portable fence over?	Yes	No
	Did horse somersault?	Yes	No
	Did the rider hit the fence?	Yes	No

Section 4.	Details of Injuries Sustained by Horse		
Horse injured (did a vet attend?)	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		

Section 5.	Contributory Factors (Why Something Went Wrong)		
Situation misjudged by rider	Yes	No	<i>These may be suggested by Doctor, Steward, Technical Advisor</i>
Rider inexperience	Yes	No	
Rider not in control of horse	Yes	No	
Rider distracted	Yes	No	
Rider impaired by drink or drugs	Yes	No	
Rider impaired by fatigue	Yes	No	
Horse going too fast	Yes	No	<i>This may be suggested by Vet</i>
Horse going too slow	Yes	No	
Horse jumping into bright/low sunlight or reflection	Yes	No	
Horse jumping into shadow	Yes	No	
Horse distracted	Yes	No	
Horse fatigued	Yes	No	
Horse impaired by health/injury	Yes	No	
Other (specify)			

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 immediately after the accident, and should be submitted to the Official Steward on the day on which the fall occurs.