



# 2024 HUMAN ACCIDENT/INJURY REPORT FORM

This section is to be completed by the Steward/Technical Delegate who should note the circumstances as indicated on the form and also provide information regarding responders, EMS providers, and the medical facility transported to (if applicable) so that the medical records can be located if required.

**URGENT - IN CASE OF FATALITY OR SERIOUS INJURY CONTACT USEF IMMEDIATELY AND INCLUDE A COPY OF THE ENTRY FORM WITH REPORT! WEEKEND EMERGENCY NUMBER IS 859.312.5186**

Please check if:  **FATALITY**  **SERIOUS INJURY**  **APPARENT CONCUSSION OR LOSS OF CONSCIOUSNESS** *Submit report within 24 hours of the incident.*  
 **OTHER INJURY**

## INCIDENT DESCRIPTION

1. Competition Name: \_\_\_\_\_ USEF Competition #: \_\_\_\_\_

Accident Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM Age:  Junior  Senior Sex of Person:  F  M

Person's Name: \_\_\_\_\_ USEF Membership #: \_\_\_\_\_

Category of Participation:  Rider  Handler  Groom  Spectator  Official  Visitor  Volunteer  Ring/Jump Crew  Other: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

2. Horse's Name (if involved in incident): \_\_\_\_\_ USEF Membership #: \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  Mare  Gelding  Stallion  Colt  Filly

3. Location where incident occurred:  Show Ring  Warm-up Ring  Stabling  Parking  Other: \_\_\_\_\_

4. Name and type of class (must complete if accident happened during or in preparation for a class): \_\_\_\_\_

5. If over fences (must complete if applicable) specify: type of **JUMP** \_\_\_\_\_ and **HEIGHT** \_\_\_\_\_

6. **Fence Safety Features:** Safety cups?  Yes  No  N/A Rotational Fall:  Yes  No  N/A

7. Ring Location:  Indoor  Outdoor  Covered

Footing:  Sand  Dirt  Grass  Artificial  Natural  Other: \_\_\_\_\_

Footing Condition:  Deep  Heavy  Slippery  Good  Firm  Hard  Rough/Rugged  Other: \_\_\_\_\_

Weather:  Sunny  Cloudy  Raining  Windy  Foggy  Snowing  Extreme Temp.  Artificial Light

8. **Protective Equipment Worn:** ASTM/SEI Helmet:  Yes  No Unapproved Helmet:  Yes  No

Body Protecting Vest:  Yes  No  N/A Inflatable Vest:  Yes  No  N/A Other: \_\_\_\_\_

9. Describe nature of incident/narrative: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Name of witness (other than Steward/TD): \_\_\_\_\_ Phone #: \_\_\_\_\_

This section completed by: \_\_\_\_\_ Date: \_\_\_\_\_

## TREATMENT INFORMATION

This section to be completed by the Steward/Technical Delegate, or medical personnel who treated the patient.

11. Treatment:  On-site  Transported (Ambulance)  Transported (other)  None  Refused Transport  Refused Treatment

12. Treated by:  EMT/Paramedic  Physician trained in pre-hospital trauma care  Nurse trained in pre-hospital trauma care  Spectator  Official

Other: \_\_\_\_\_

13. Describe treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Person's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**REFUSAL OF EVALUATION**

I refuse to be evaluated by the qualified medical personnel at this competition. Per General Rule 848.4.a. concerning Return to Competition and Accidents Involving Competitors, by refusing to be evaluated by the qualified medical personnel at this competition, I am disqualified from the remainder of this competition. I understand that I will be placed on the Federation Medical Suspension List and will not be eligible to compete at any future USEF licensed or endorsed Competitions until I submit appropriate medical release documentation as required by the Federation through General Rule 848.4.a.

**By marking the box above and signing here I acknowledge that I understand I will be disqualified and placed on the Federation Medical Suspension List as detailed above.**

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INJURY/INCIDENT INFORMATION**

*For any competitor with suspected head injury/apparent concussion, serious injury, broken bones, or that is transported from the grounds via ambulance, please submit their Entry Blank with this report to the Federation.*

14. Apparent Concussion or Loss of Consciousness:  Yes  No If yes was person cleared to return to competition?  Yes  No

15. Suspected type of injury/incident:  None  Fractures and Bone Stress  Joint (Non-Bone) and Ligament  Muscle and Tendon  Contusions

Lacerations and Skin Lesions  Medical Condition: \_\_\_\_\_  Other: \_\_\_\_\_

16. Location of Injury: \_\_\_\_\_

17. Name of On-site treating EMS personnel (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

18. Name of EMS Provider(s) (Ambulance, Helicopter, etc.): \_\_\_\_\_ Phone #: \_\_\_\_\_

19. Facility patient transported to: \_\_\_\_\_ Phone #: \_\_\_\_\_

**ADDITIONAL MATERIALS**

Did you obtain eyewitness reports?  Yes (*please attach*)  No

Include clearance to return to competition, if applicable?  Yes (*please attach*)  No  N/A

Did you call report in to USEF?  Yes  No  N/A

If yes, date and time called in: \_\_\_\_\_ To whom: \_\_\_\_\_

Steward/Technical Delegate's name: \_\_\_\_\_ USEF Number: \_\_\_\_\_

Steward/Technical Delegate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Did the Steward/TD witness the incident?  Yes  No

Safety Officer/Coordinator's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Safety Officer/Coordinator's signature: \_\_\_\_\_ Date: \_\_\_\_\_