



# 2024 CROSS-COUNTRY FALL REPORT FORM

The Technical Delegate must submit properly completed Eventing Fall Forms 48 hours following the last day of competition in accordance with EV158.2a. All fields are required. Submit form(s) to USEF Safety & Assessment Coordinator: [safety@usef.org](mailto:safety@usef.org).

Event Name: \_\_\_\_\_ USEF Comp #: \_\_\_\_\_ Date of Fall: \_\_\_\_\_

## RIDER INFORMATION

Name: \_\_\_\_\_  
USEF or USEA #: \_\_\_\_\_  
Sex:  Female  Male  
Age:  Junior  Senior  
Fall Type:  Rider Fall  Horse & Rider Fall

## HORSE INFORMATION

Name: \_\_\_\_\_  
USEF or USEA #: \_\_\_\_\_  
Inflatable Vest Worn:  Yes  No  
Did Vest Deploy?  Yes  No  N/A  
If not, why: \_\_\_\_\_

## RIDER INJURIES

Fatality\*  Possible Broken Bones\*  
 Serious Injury\*  Slight (bumps, bruises, etc.)\*  
 Possible Concussion or Apparent Loss of Consciousness\*  No Apparent Injury  
\*Accident/Injury Report Required

## HORSE INJURIES

Fatality\*  No Apparent Injury  
 Serious Injury\* \*Accident/Injury Report Required  
 Possible Broken Bones\*  
 Slight (bumps, bruises, etc.)\*

Description of Fall: \_\_\_\_\_

## EVENT, COURSE, AND OBSTACLE INFORMATION

National Level:  BN  N  T  M  P  I  A  Warm Up  
Length of Course: \_\_\_\_\_ Optimum Time: \_\_\_\_\_ Number of Obstacles: \_\_\_\_\_ Fence at Which Fall Occurred: \_\_\_\_\_  
Accident was:  Fence Related  Between Fences Did Rider Continue (BN and N only)?  Yes  No  
Fence Type (select letter then fill in number):  A \_\_\_  B \_\_\_  C \_\_\_  D \_\_\_  E \_\_\_  F \_\_\_  G \_\_\_  H \_\_\_  J \_\_\_  K \_\_\_  L \_\_\_  
Description of fence: \_\_\_\_\_ Height: \_\_\_\_\_ Top Spread: \_\_\_\_\_ Bottom Spread: \_\_\_\_\_  
Fence associated with water?  Yes  Take Off  Landing  No Did fence use frangible technology?  Yes  No  N/A  
Type of frangible device? \_\_\_\_\_ Was the frangible device activated?  Yes  No  N/A

## FALLS AT FENCES (complete if fall was fence-related)

Did horse refuse?  Yes  No  N/A Did horse or rider rotate?  Horse  Rider  Both  No  
Did horse hit the fence on the way up?  Yes  No  N/A Did horse tip or move portable fence over?  Yes  No  N/A  
Did horse hit fence on the way down?  Yes  No  N/A Did horse break the fence?  Yes  No  N/A  
Did horse hit the fence hard?  Yes  No  N/A Did rider hit the fence?  Yes  No  N/A

## CONTRIBUTING FACTORS (check all that apply)

Rider misjudged obstacle  Horse going too slow  
 Rider distracted  Horse misjudged obstacle  
 Rider impaired by fatigue  Horse distracted  
 Horse jumping into bright sunlight or reflection  Horse impaired by fatigue  
 Horse jumping into shadow  Horse impaired by health/injury  
 Horse going too fast  Other (specify): \_\_\_\_\_

## OFFICIALS

Ground Jury President: \_\_\_\_\_ Veterinarian: \_\_\_\_\_  
Technical Delegate: \_\_\_\_\_ Safety Officer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Course Designer: \_\_\_\_\_ Fence Judge: \_\_\_\_\_ Phone: \_\_\_\_\_