



NOTE: A serious injury is defined as any injury or illness that is potentially life threatening or may result in extended hospitalization.

Accident/Injury Report Form for Eventing Only

Submit form to: [safety@usef.org](mailto:safety@usef.org)

# 2024 EVENTING HUMAN ACCIDENT/INJURY REPORT FORM

This section is to be completed by the 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.*  
Please also contact Rob Burk at 571.340.1553 (cell) as soon as possible and fax a copy of the report to USEA headquarters within 24 hours. USEA fax: 703.779.0550 (Eventing Only).

OTHER INJURY **Note:** A serious injury is defined as any injury or illness that is potentially life threatening or may result in extended hospitalization.

## 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:  Cross-Country Course  Show Jumping  Dressage  Warm-up Ring  Stabling  Parking  Other: \_\_\_\_\_

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

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

6. **Fence Safety Features:** Safety cups?  Yes  No  N/A Frangible (cross-country)  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 TD): \_\_\_\_\_ Phone #: \_\_\_\_\_

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

## TREATMENT INFORMATION

This section to be completed by the 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: \_\_\_\_\_

### MANDATORY SUSPENSION

14. **Apparent Concussion or Loss of Consciousness:**  Yes  No If yes:
- No loss of consciousness and no sign of concussion = No mandatory suspension
  - No loss of consciousness but with brief symptoms of concussion (e.g. confusion, loss of memory, altered mental state) which resolve within 15 minutes (both at rest and exercise) = Minimum 7 day mandatory suspension
  - Any loss of consciousness, however brief, or symptoms of concussion persisting after 15 minutes = Minimum 21 day mandatory suspension

**This section must be completed and signed by the qualified medical personnel to document the mandatory suspension period.**

Name of on-site qualified medical personnel: \_\_\_\_\_

Certification/License #: \_\_\_\_\_ Issuing Body (e.g. State): \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

**NOTE:**

- All mandatory suspension periods count the day of injury as the first day of the suspension period.
- Upon the expiration of the mandatory suspension period, the competitor may return to competition by submitting a medical release note as required by GR848.6.

Any competitor who has established a baseline cognitive skills level (e.g. ImPact Test) may return to competition upon submission to the Federation confirmation that they have passed an exam establishing that they have suffered no impairment of that level, in addition to the medical release as required in GR848.6.

### OTHER INJURY/INCIDENT INFORMATION

**Please provide a copy of the entry blank if the individual is a participant.**

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: \_\_\_\_\_
- Technical Delegate's name: \_\_\_\_\_ USEF Number: \_\_\_\_\_
- Technical Delegate's signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Did the TD witness the incident?  Yes  No
- Safety Officer/Coordinator's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Safety Officer/Coordinator's signature: \_\_\_\_\_ Date: \_\_\_\_\_