



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 all breeds and disciplines except Eventing.

Submit form to: safety@usef.org

2025 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 **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: 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

Please provide a copy of the blank entry and liability waiver if the individual is a participant.

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: _____