

2026 Equine Accident/Illness/Collapse Worksheet

This document can be used to complete the online report.



In case of fatality or serious injury, USEF should be called immediately on the main line at 859-810-8733 during business hours or on the hotline at 859-312-5186 during all other hours. A **serious injury is defined as any injury or illness that is potentially life threatening or may result in extended hospitalization.**

Please provide a copy of the entry blank if the horse is a participant. Reports and Entry Blanks for all fatalities, collapses, and serious injuries must be submitted within 24 hours of the incident.

***Indicates information that is required on the online Accident/Illness/Collapse Report**

ACCIDENT/INJURY TYPE

☐ FATALITY ☐ SERIOUS INJURY ☐ COLLAPSE ☐ ILLNESS ☐ OTHER

INCIDENT DESCRIPTION

1. Competition Name* _____ USEF Competition Number* _____

Incident Date* _____ Incident Time* _____

2. Did you call this incident in to USEF on either the main line or the hotline?* ☐ Yes ☐ No

If yes, date and time reported _____ Reported to _____

3. Did you witness the incident?* ☐ Yes ☐ No

4. Horse's Name* _____ USEF ID _____

Age* _____

Horse Sex* ☐ Stallion ☐ Mare ☐ Gelding

Owner USEF ID _____ Owner Name _____

Trainer USEF ID _____ Trainer Name _____

Rider USEF ID _____ Rider Name _____

5. Location where incident occurred*

☐ Warm-Up Ring ☐ Cross-Country Course ☐ Show Ring ☐ Stabling ☐ Parking ☐ Other _____

Class Number _____ Class Name _____

6. Was the incident related to a fence?* ☐ Yes ☐ No

If yes, fence type _____ Fence height _____ Frangible (Cross-country) ☐ Yes ☐ No ☐ N/A

Were FEI Approved Safety Cups used? ☐ Yes ☐ No

7. Was this a Rotational Fall?* ☐ Yes ☐ No ☐ N/A

8. Ring Location* ☐ Indoor ☐ Outdoor ☐ Covered ☐ N/A

Type of 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

9. Treatment Level*

☐ Onsite ☐ Transported by Organizer/Horse Ambulance ☐ Transported by Private Vehicle

☐ Refused Treatment ☐ Refused Transport ☐ None

10. Was this accident in any way related to abuse or neglect?* ☐ Yes ☐ No ☐ N/A

11. Suspected Injury/Incident *

☐ None ☐ Fractures and Bone Stress ☐ Joint (Non-Bone) and Ligament ☐ Muscle and Tendon

☐ Contusions ☐ Neurological ☐ Colic ☐ Disease ☐ Cardio/Pulmonary ☐ Lacerations/Abrasions/Skin Lesions

☐ Medical Condition: _____ ☐ Other: _____

12. Location of Injury on Horse* _____

13: Description/Nature of Incident* _____

14. Safety Coordinator/Officer Name* _____ **USEF ID*** _____

Email* _____ **Phone Number*** _____