



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

Accident/Injury/Collapse Report Form for all breeds and disciplines

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

# 2025 EQUINE ACCIDENT/INJURY/COLLAPSE 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, veterinary providers, and the veterinary facility transported to (if applicable) so that the medical records can be located if required.

**URGENT - - 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**  **COLLAPSE** *Submit report within 24 hours of the incident.*

**GR 842.3** If a Federation appointed testing veterinarian is not available, at the Federation's cost, the Steward/TD shall ensure that the appointed Competition Veterinarian collects urine and blood samples at the earliest opportunity and submits the samples for analysis to the Federation's laboratory.

**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 #: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

2. Horse's Name: \_\_\_\_\_ USEF Membership #: \_\_\_\_\_

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

USEF# \_\_\_\_\_ Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

USEF# \_\_\_\_\_ Trainer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

USEF# \_\_\_\_\_ Rider's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Location where incident occurred:  Cross-Country Course  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 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. Describe nature of incident/narrative: \_\_\_\_\_

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

9. **ABUSE OR NEGLECT:** Was the accident/injury in any way related to abuse or neglect?  Yes  No  N/A (Details and witnesses) \_\_\_\_\_

## LOCATION/VETERINARY ATTENTION

This section to be completed by the Steward/Technical Delegate, or veterinary personnel who treated the horse. Please provide a copy of the entry blank.

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

11. Treated by:  Veterinarian  Trainer  Owner  Rider  Spectator  Official  Other: \_\_\_\_\_

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

Neurological  Colic  Disease  Cardio/Pulmonary  Lacerations and Skin Lesions  Other: \_\_\_\_\_

13. Location of Injury: . \_\_\_\_\_

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

Horse's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR COLLAPSE, FATALITY, OR SERIOUS INJURY**

14. Before the collapse or fatality, did the horse exhibit signs of illness/injury on competition grounds? If so, when did the horse first exhibit signs?  Yes  No  N/A

Date: \_\_\_\_\_ Time: \_\_\_\_\_

15. After the collapse was the horse cleared to return to competition in accordance with GR849.8?  Yes (Please attach)  No

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

16. **BEFORE COLLAPSE/FATALITY:** Medications, procedures, and/or treatments (if any) given by veterinarian to horse on competitions grounds: \_\_\_\_\_

17. What veterinarian(s) attended to horse on competition grounds **before** collapse/fatality?

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

18. Medications, procedures, and/or treatments (if any) given by non-veterinarian to horse on competition grounds **before** collapse/fatality: \_\_\_\_\_

19. Name of non-Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

20. **AFTER COLLAPSE/FATALITY:** Medications, procedures, and/or treatments (if any) given by veterinarian to horse on competitions grounds: \_\_\_\_\_

21. What veterinarian(s) attended to horse on competition grounds **after** collapse/fatality?

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

22. Facility or location where horse transported to (dead or alive) after collapse/fatality: Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

23. **NECROPSY:** Veterinarian(s) who performed a necropsy: Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

24. **ABUSE OR NEGLECT:** Was collapse or death in any way related to abuse or neglect?  Yes  No  N/A (Details and witnesses) \_\_\_\_\_

**ADDITIONAL MATERIALS**

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

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: \_\_\_\_\_