



Accident/Injury/Collapse Report Form for all breeds and disciplines
Submit form to: safety@usef.org

2024 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

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.

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: _____

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UNITED STATES EQUESTRIAN FEDERATION : 4001 WING COMMANDER WAY : LEXINGTON, KY 40511 : 859.810.8733 : USEF.ORG

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: _____