Accident/Injury Report Form for all breeds and disciplines except Eventing.

Submit form to: safety@usef.org or fax 859.231.6662

# 2019 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 - 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**

## INCIDENT DESCRIPTION

☐ **APPARENT CONCUSSION OR LOSS OF CONSCIOUSNESS** Submit report within 24 hours of the incident. ☐ **OTHER INJURY**

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

7. Footing: ☐ Indoor ☐ Outdoor ☐ 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: _____

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**Person's Name:**_____ **Date:** _____

## REFUSAL OF EVALUATION

☐ I refuse to be evaluated by the qualified medical personnel at this competition. Per General Rule 849.4.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 849.4.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

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. Name of On-site treating EMS personnel (if applicable):_____ Phone #: _____

17. Name of EMS Provider(s) (Ambulance, Helicopter, etc.): _____ Phone #: _____

18. Facility patient transported to: _____ Phone #: _____

19. Please circle all injured area(s) on the models illustrated below.

## 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: _____

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