2026 CROSS-COUNTRY FALL REPORT FORM

The Technical Delegate must submit properly completed Eventing Fall Forms 48 hours following the last day of competition in accordance with EV158.2a.
All fields are required. Submit form(s) to USEF Safety & Assessment Coordinator: safety@usef.org.

Event Name: _____ **USEF Comp #:** _____ **Date of Fall:** _____

RIDER INFORMATION

Name: _____

USEF # (if applicable): _____

Sex: □ Female □ Male

Age: □ Junior □ Senior

Fall Type: □ Rider Fall □ Horse & Rider Fall

HORSE INFORMATION

Name: _____

USEF # (if applicable): _____

Inflatable Vest Worn: □ Yes □ No

Did Air Vest Deploy? □ Yes □ No □ N/A

RIDER INJURIES

□ Fatality*

□ Serious Injury*

□ Possible Concussion or Apparent Loss of Consciousness*

□ Possible Broken Bones*

□ Slight (bumps, bruises, etc.)*

□ No Apparent Injury

*Accident/Injury Report Required

HORSE INJURIES

□ Fatality*

□ Serious Injury*

□ Possible Broken Bones*

□ Slight (bumps, bruises, etc.)*

□ No Apparent Injury

*Accident/Injury Report Required

Description of Fall: _____

EVENT, COURSE, AND OBSTACLE INFORMATION

National Level: □ BN □ N □ T □ M □ P □ I □ A □ Warm Up

Accident was: □ Fence Related □ Between Fences

Fence Type (select letter then fill in number): □ A ___ □ B ___ □ C ___ □ D ___ □ E ___ □ F ___ □ G ___ □ H ___ □ J ___ □ K ___ □ L ___

Description of fence: _____ Height: _____

Fence associated with water? □ Yes □ Take Off □ Landing □ No

Did fence use frangible technology? □ Yes □ No □ N/A

FALLS AT FENCES (complete if fall was fence-related)

Did horse refuse? □ Yes □ No □ N/A

Did horse hit the fence? □ Yes □ No □ N/A

Did horse tip or move portable fence over? □ Yes □ No □ N/A

Did horse break the fence? □ Yes □ No □ N/A