

University of Adelaide Survey of Horse Injury During Transportation

Event/location _____ Date ____/____/____ Time _____

ID

1. Has a horse experienced a major or minor injury whilst being transported in your horse float or truck, including injury to a horse during an otherwise uneventful trip?

No Yes, being transported in: a float or truck

2. How many years ago did this injury occur?

≤1
 >1 to 2
 >2 to 3
 >3 to 4
 >4 to 5
 >5 to 6
 >6 to 7
 >7 to 8
 >8 to 9
 >9 to 10
 >10 to 15
 >15 to 20

3. During what stage of the journey did this injury occur?

Loading Loaded (stationary) Loaded (moving) Unloading

4. At approximately what speed was your vehicle travelling?(mark)

0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | >120
kph

5. What was the time of day the accident occurred? (mark)

12.01am | 2am | 4am | 6am | 8am | 10am | 12noon | 2pm | 4pm | 6pm | 8pm | 10pm | 12pm
 1am | 3am | 5am | 7am | 9am | 11am | 1pm | 3pm | 5pm | 7pm | 9pm | 11pm

6. What were the weather conditions (tick all that apply)

Fine Cloudy Overcast Fog Raining High winds Hailing Wet road Very hot

7. How many passengers were in the car at the time of the accident?

0 1 2 3 4 5 6 7 8 Other _____

8. What was the distance travelled on that trip prior to the accident? (mark)

0 | 100 | 200 | 300 | 400 | 500 | 600 | 700 | 800 | 900 | 1000 | >1000km
 50 | 150 | 250 | 350 | 450 | 550 | 650 | 750 | 850 | 950

9. What was the duration of that trip? (mark)

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | >12h

10. How long had you been driving continuously at the time of the accident since the last rest break?

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | >12h

11. What were the make, model and year of manufacture of the tow vehicle or truck being used?

Make _____	Model _____	Year manufactured _____
Cylinders 4 <input type="checkbox"/>	6 <input type="checkbox"/>	8 <input type="checkbox"/>
Engine size _____ L		Manual <input type="checkbox"/> Automatic <input type="checkbox"/>

University of Adelaide Survey of Horse Injury During Transportation

ID

For trucks

Tray/single body <input type="checkbox"/>	Gross vehicle weight or mass _____ kg	Number of axles _____
Semi-trailer <input type="checkbox"/>	Gross combined weight rating _____ kg	Air brakes? Yes <input type="checkbox"/> No <input type="checkbox"/>

12. If a float was towed, what type was it?

Straight load Angle load Gooseneck Other (specify) _____

13. What was the maximum number of horses that the float or truck was capable of carrying?

1	2	3	4	5	6	7	8	9	10	Other
<input type="checkbox"/>										

14. How many horses were carried during the trip during which the accident occurred?

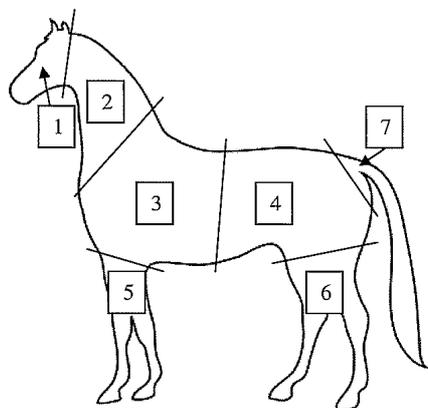
1	2	3	4	5	6	7	8	9	10	Other
<input type="checkbox"/>										

15. If the vehicle or float was damaged in the accident, please indicate where below (tick all that apply)

	Front	Side(s)	Rear	Roof	Chassis	Write-off	Other
Float	<input type="checkbox"/>	_____					
Vehicle	<input type="checkbox"/>	_____					

16. Please mark the numbers corresponding to the regions of the horse injured on the schematic below

No injury	1	2	3	4	5	6	7
<input type="checkbox"/>							



17. Please rank the injury to the horse(s)

- None
- Minor (requiring owner administered first aid)
- Moderate (requiring veterinary attention)
- Marked (requiring intensive veterinary management)
- Severe (causing death/ requiring euthanasia of horse)

18. Please indicate if the horse(s), float or vehicle were insured at the time of the accident and if a claim was made as a result?(tick all applicable)

Float	Vehicle	Horse(s)
insured? <input type="checkbox"/> claim made? <input type="checkbox"/>	insured? <input type="checkbox"/> claim made? <input type="checkbox"/>	insured? <input type="checkbox"/> claim made? <input type="checkbox"/>

19. Please provide a brief outline of the particulars of accident

University of Adelaide Survey of Horse Injury During Transportation

ID

20. Which factors do you believe may have contributed to the accident?

Collision with <input type="checkbox"/> another vehicle <input type="checkbox"/> a stationary object <input type="checkbox"/> wild or native animal <input type="checkbox"/> domesticated animal	Driver <input type="checkbox"/> fatigue <input type="checkbox"/> illness <input type="checkbox"/> error <input type="checkbox"/> inexperience	Mechanical failure <input type="checkbox"/> towing vehicle <input type="checkbox"/> float <input type="checkbox"/> truck
Horse <input type="checkbox"/> loss of footing <input type="checkbox"/> injury by other horse <input type="checkbox"/> poor behaviour <input type="checkbox"/> injured by part of transport vehicle	distraction by <input type="checkbox"/> passengers <input type="checkbox"/> telephone <input type="checkbox"/> music <input type="checkbox"/> other <input type="checkbox"/> horses being transported	<input type="checkbox"/> Weather conditions <input type="checkbox"/> Road conditions <input type="checkbox"/> Time of day

Other factors
