

Horse Trailer Accident Survey

If you have information on more than one accident, please use a separate form per accident.
USE AS MUCH SPACE AS NECESSARY

Your name and/or name and location of clinic (optional):

Date of accident:

Location:

Type of transport (2 horse, slant load, stock, van, semi, etc):

Bumper pull or gooseneck:

Type of towing vehicle (size of pickup truck, SUV, car, etc):

Number of horses in transport:

Type of horses (breed or size, ponies, horses):

Cause of accident:

Position of trailer and horses as a result of accident:

Structural condition of towing vehicle and trailer (intact, collapsed, etc.):

Method(s) of extrication from trailer:

Type of personnel involved in rescue (fire department, highway patrol, veterinarian, bystanders, etc.):

Number of dead horses:

Number of injured horses:

Type of injuries:

Outcome of injuries:

Euthanized?:

Recovery time:

Number of humans killed or injured:

Additional comments:

Thank you very much for your participation in this survey.