

ID

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University of Adelaide Survey of Horse Injury During Transportation

For trucks

Tray/single body ☐ Gross vehicle weight or mass _____ kg Number of axles _____
Semi-trailer ☐ Gross combined weight rating _____ kg Air brakes? Yes ☐ No ☐

ID

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
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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

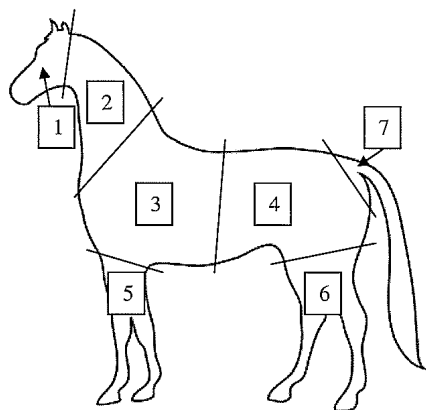
1 2 3 4 5 6 7 8 9 10 Other
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐



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

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 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	Driver <input type="checkbox"/> fatigue <input type="checkbox"/> illness <input type="checkbox"/> error <input type="checkbox"/> inexperience distraction by <input type="checkbox"/> passengers <input type="checkbox"/> telephone <input type="checkbox"/> music <input type="checkbox"/> other <input type="checkbox"/> horses being transported	Mechanical failure <input type="checkbox"/> towing vehicle <input type="checkbox"/> float <input type="checkbox"/> truck <input type="checkbox"/> Weather conditions <input type="checkbox"/> Road conditions <input type="checkbox"/> Time of day
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Other factors
