



# ACCIDENT/INCIDENT REPORT

Please print legibly in pen. Fill out every blank, if not applicable, write NA.

**Circle Correct Status:** Ranch Hand   Student   Guest   Boarder

Injured Name \_\_\_\_\_ Phone \_\_\_\_\_

Other Contact Phone (Cell/Work/Other): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Ranch Hand History (Rider/Level/Years at WNCR): \_\_\_\_\_

**Signature:** \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Location on Ranch/Trail: \_\_\_\_\_

Description of Accident: \_\_\_\_\_

\*If more space is needed for description, please continue on the back side of report.

## Witness(es):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*If more than two witnesses, please add names and addresses to back side of report.**

First Aid Administered: \_\_\_\_\_

Ambulance Arrived: Yes No Time: \_\_\_\_\_ Care Given: \_\_\_\_\_

Transported: Yes No Clinic / Hospital: \_\_\_\_\_

Spouse / Parent / Other Notified: Yes No Time: \_\_\_\_\_

I hereby acknowledge that to the best of my knowledge all information is accurate and valid.

**Witness (Print Name)** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title** \_\_\_\_\_

Walkin N Circles Ranch, Inc., P.O. Box 626, Edgewood, NM 87015

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**USE BACKSIDE OF REPORT FOR ADDITIONAL COMMENTS OR INFORMATION.**