

MOUNTAIN MEADOW HOLISTIC EQUESTRIAN CENTER

**Incident Report**

Name of Principle Party Involved: \_\_\_\_\_

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

Patron of MMHEC: \_\_\_\_\_ Employee: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Incident/Accident: \_\_\_\_\_ Hour: \_\_\_\_\_ a.m./p.m.

Location of Incident: \_\_\_\_\_

Particulars of Incident/Accident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extent of Injuries, if any: \_\_\_\_\_



Examined by (Physician) Y/N Name of Doctor: \_\_\_\_\_

Physician notified at \_\_\_\_\_ a.m./p.m.  
(time)

Ambulance Called: ) Y/N Name of Company: \_\_\_\_\_

Seen in emergency room: Y/N Name of Hospital: \_\_\_\_\_

Physician's impression of nature or extent of injury: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Treatment recommended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness or employee having knowledge of same: \_\_\_\_\_  
(Name and phone #)

If the injured person was a patron, was an employee involved in accident? \_\_\_\_\_

Assign cause to the best of your ability:

- Failure to Follow Instruction \_\_\_\_\_
- Lack of Instruction: \_\_\_\_\_
- Lack of Supervision: \_\_\_\_\_
- Lack of Sufficient Help: \_\_\_\_\_
- Faulty Equipment: \_\_\_\_\_
- Lack of Safety Devices: \_\_\_\_\_
- Carelessness: \_\_\_\_\_
- Other: \_\_\_\_\_

Date of this report: \_\_\_\_\_

Report Made By: \_\_\_\_\_  
(Name)

Phone number(s): \_\_\_\_\_

***Please drop this form into Caroline's mailbox within 24 hours of Incident or Accident.***

***Thank You!***

