

Newport Adolescent ~ Adult Programs, Inc.
Therapeutic Farm Program

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Accident/Incident Report

Date: _____

Time(s): _____ am/pm

Site _____

Persons involved _____

Animal(s) involved _____

What was the nature of the accident/incident? _____

Sequence of events leading up to accident/incident: _____

Action taken (Animal & Human): _____

Witnesses: _____

Executive Director or Designee notified? Yes _____ **Time** _____

Horse Professional **Date** **Participant/Guardian** **Date**

Executive Director **Date** **Witness** **Date**
