



ACCIDENT/INCIDENT REPORT

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

Circle Correct Status: Board Member - Volunteer – Guest - Leasor

Injured Name _____ Phone _____

Other Contact Phone (Cell/Work/Other): _____

Address: _____ City: _____

State: _____ Zip Code: _____

Age: _____ Male/Female: _____

History (Rider/Level/Years at PJR): _____

Under 18 Yes or No

Guardian or Parent Notified / Time / Date _____

Signature: _____

Date of Accident: _____ Time: _____

Location: _____

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: _____ Date: _____

Pride and Joy Rescue, LLC – 7420 40th Ave N, Fargo, ND 58102
Phone: (701) 552-0864 Email: prideandjoyrescue@gmail.com

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

Witness (Print Name)_____

Signature:_____ **Title**_____

USE BACKSIDE OF REPORT FOR ADDITIONAL COMMENTS OR INFORMATION.

Revised 01/10/2024