



ACCIDENT REPORT

Date of Report: _____ Date of Accident: _____ Time: _____ AM PM

Company Name: _____ City: _____ County: _____

Address: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Name of Ride: _____ Plate Number: _____ Permit Number: _____

Name of Operator: _____

Name of Insurance Company: _____

Number Injured: _____ Employees: _____ Patrons: _____

Name(s) of Injured: _____ Age(s): _____

Address(es) of Injured: _____

Extent of Injuries: _____

Was medical attention given? Yes No If yes, by whom? _____

Taken to hospital? Yes No If yes, transported by? _____

Remarks: _____

What caused the accident? _____

Have corrections been made to prevent reoccurrences?

Signature of Person Reporting: _____ Printed Name: _____ Date: _____

LIST THE NAME(S) AND ADDRESS(ES) OF INJURED AND WITNESSES OR ADDITIONAL INFORMATION ON THE REVERSE SIDE.

NOTE: Only those injuries requiring hospital admission must be reported immediately to ODA-DARS. All other injuries must be kept on file by the ride company. The definition of an accident is: "Accident" means an occurrence during the operation of an amusement ride which results in death or an injury requiring hospital admission.

