

STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF SAFETY SERVICES
TRAMWAY AND AMUSEMENT RIDE SAFETY BUREAU
31 DOCK RD
GILFORD NH 03249

AMUSEMENT RIDE ACCIDENT REPORT

Pursuant to NH SAF-C 1405.04 (I), an Amusement Ride Accident report shall be completed for all accidents involving **PERSONAL INJURY OR MECHANICAL FAILURE** on an amusement ride or device. This accident report shall be sent by the Operator to the Division of Safety Services at the above address **within five (5) days** of the accident.

ACCIDENT REPORT MUST BE COMPLETELY FILLED OUT, SIGNED AND DATED

Date of Report: _____

Name of Amusement Ride Company/Park _____

Permanent Mailing Address: _____

Town _____ State _____ Zip _____

NH Ride Registration No. _____

Name of Ride on which accident occurred: _____

Type of Ride on which accident occurred: _____

Date of Accident _____ Time of Day _____ a.m. _____ p.m.

Exact Location of accident: (Fix location precisely) _____

Persons killed or injured:

Name _____ Age _____

Address _____

Describe Injury _____

Persons killed or injured:

Name _____ Age _____

Address _____

Describe Injury _____

Weather conditions at time of accident: _____

Name and address of physical operator in charge

Name _____

Address _____

Attendant(s) at time of accident:

Name _____

Address _____

Name _____

Address _____

Briefly describe how the accident occurred: _____

Operator's OPINION as to cause of accident: _____

Known witness(es):

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Is the ride registered in New Hampshire? Yes____ No____

Has this ride been inspected pursuant to SAF-C 1404.02 Yes____ No____

Date of last inspection _____

Name of Inspector _____

Address _____

Were safety devices as required by SAF-C 1400 installed? Yes____ No____

Name of hospital/doctor where injured person was taken: _____

Was first aid equipment available at the scene of the accident? Yes____ No____

Detailed description of mechanical failure: _____

Signature of Operator _____

Please print name: _____

**PLEASE RETURN THIS FORM WITHIN 5 DAYS TO: NH DEPT. OF SAFETY
TRAMWAY & A.R. SAFETY
31 DOCK RD
GILFORD NH 03249-7627**

**N.H. DEPARTMENT OF SAFETY
DIVISION OF SAFETY SERVICES
TRAMWAY AND AMUSEMENT RIDE SAFETY BUREAU
31 DOCK RD
GILFORD NH 03249**

AMUSEMENT RIDE ACCIDENT REPORT

Pursuant to NH SAF-C 1405.04 any amusement ride accident causing death, serious injury or damage to the ride or device or any of its components shall immediately be reported to the Department of Safety, Tramway and Amusement Ride Safety Bureau.

During normal business hours call 603 293-0094. At all other times, call State Police Dispatch at 603 271-3636.

DATE AND TIME OF INITIAL TELEPHONE REPORT: _____

In addition to immediate reporting by phone, the Amusement Ride Accident report form shall be completed for all accidents involving PERSONAL INJURY OR MECHANICAL FAILURE on an amusement ride or device. This accident report shall be sent by the Operator to the Division of Safety Services at the above address **within five (5) days** of the accident.

ACCIDENT REPORT MUST BE COMLETELY FILLED OUT, SIGNED AND DATED

Date of Report: _____ NH Ride Registration No. NH-_____

Name of Amusement Ride Company/Park _____

Permanent Mailing Address: _____

Town _____ State _____ Zip _____

Name of Ride on which accident occurred: _____

Type of Ride on which accident occurred: _____

Date of Accident _____ Time of Day _____ a.m. _____ p.m.

Exact Location of accident: (Fix location precisely) _____

Persons killed or injured:

Name _____ Age _____

Address _____

Describe Injury _____

Persons killed or injured:

Name _____ Age _____

Address _____

Describe Injury _____

Weather conditions at time of accident: _____

Name and address of physical operator in charge:

Name _____

Address _____

Attendant(s) at time of accident:

Name _____

Address _____

Name _____

Address _____

Briefly describe how the accident occurred: _____

Operator's OPINION as to cause of accident: _____

Known witness(es):

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Is the ride currently registered in New Hampshire? Yes____ No____

Has this ride been inspected pursuant to SAF-C 1402.02? Yes____ No____

Date of last inspection _____

Name of Inspector _____

Address _____

Were safety devices as required by SAF-C 1400 installed? Yes____ No____

Name of hospital/doctor where injured person was taken: _____

Was first aid equipment available at the scene of the accident? Yes____ No____

Detailed description of mechanical failure: _____

Signature of Operator _____

Please print or type name: _____

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