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 223-4289. 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 COMPLETELY FILLED OUT, SIGNED AND DATED

Date of Report: ________________________ NH Ride Registration No: ________________________

Name of Amusement Ride Company/Park

Permanent Mailing Address

Town _______ State _______ Zip _______

Name of Ride and Vehicle number 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 ________________________ DOB _______ Height _______ Weight _______

Address ____________________________________________

Describe Injury ______________________________________

Persons killed or injured:

Name ________________________ Age _______

Address ____________________________________________

Describe Injury ______________________________________

(Rev 08.14.2014)
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  ______________________________

Is the ride registered in New Hampshire?  Yes _____  No _____

Has this ride been inspected pursuant to SAF-C 1404.02?  Yes _____  No _____

Date of Owner’s last inspection  ______________________________________________________________

Name of Owner’s 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  _______________________________ Date  ________________________________

Please print name:  ________________________________________________________________

PLEASE RETURN THIS FORM WITHIN 5 DAYS TO:
NH DEPARTMENT OF SAFETY
TRAMWAY & AMUSEMENT RIDE SAFETY
33 HAZEN DRIVE
CONCORD, NH 03305

Email: WBriggs.Lockwood@DOS.NH GOV
Nancy.Ettelson@DOS.NH.GOV

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