



AMUSEMENT RIDE ACCIDENT/INJURY REPORT

Oklahoma Department of Labor

www.labor.ok.gov

OKLAHOMA DEPT. OF LABOR
3017 N. STILES AVE SUITE 100
OKLAHOMA CITY, OK 73105
405-521-6100
888-269-5353

AMUSEMENT RIDE COMPANY'S INFORMATION

DATE OF REPORT: DATE OF ACCIDENT: INSPECTION DATE:
CARNIVAL/AMUSEMENT COMPANY NAME:
PERMANENT ADDRESS: INSURANCE COMPANY:
CARNIVAL/AMUSEMENT COMPANY NUMBER: INSURANCE COMPANY NUMBER:

ACCIDENT INFORMATION

LOCATION OF INCIDENT: TIME OF ACCIDENT:
NAME OF RIDE: NAME OF MANUFACTURER:
REGISTRATION NUMBER:
NAME OF OPERATOR: OPERATOR PHONE NUMBER:
PERSON REPORTING INCIDENT: PERSON REPORTING JOB TITLE:
NOTIFIED 911: PICK ONE TRANSPORTED TO HOSPITAL: PICK ONE PICK ONE
FIRE DEPARTMENT RESPONDED: PICK ONE HOSPITAL NAME:
POLICE OFFICER NAME: HOSPITAL PHONE:
POLICE OFFICER PHONE: NAME OF OTHER:

WITNESS/INJURY INFORMATION PERSON 1

PICK ONE : NAME: LEVEL OF INJURY: PICK ONE
ADDRESS: CELL PHONE NUMBER:
AGE: HOME PHONE NUMBER:
IF MINOR CHILD LISTED LEGAL PARENT/GUARDIAN: MALE/FEMALE: PICK ONE

WITNESS/INJURY INFORMATION PERSON 2

PICK ONE : NAME: LEVEL OF INJURY: PICK ONE
ADDRESS: CELL PHONE NUMBER:
AGE: HOME PHONE NUMBER:
IF MINOR CHILD LISTED LEGAL PARENT/GUARDIAN: MALE/FEMALE: PICK ONE

WITNESS/INJURY INFORMATION PERSON 3

PICK ONE : NAME: LEVEL OF INJURY: PICK ONE
ADDRESS: CELL PHONE NUMBER:
AGE: HOME PHONE NUMBER:
IF MINOR CHILD LISTED LEGAL PARENT/GUARDIAN: MALE/FEMALE: PICK ONE

SUMMARY OF INCIDENT

EXPLAIN IN DETAIL WHAT HAPPENED TO CAUSE INCIDENT, THE RESULTS OF THE INCIDENT, AND WHAT, IF ANYTHING, WAS DONE AS A RESULT OF THE INCIDENT

PRINTED NAME AND SIGNATURE OF PERSON SUBMITTING REPORT
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TITLE

DATE