

Pennsylvania Department of Agriculture Bureau of Ride and Measurement Standards Accident Report Form

All reportable injuries or illnesses (as defined below) must be reported to the Bureau within **48 hours** of the incident. You can email, fax, or mail this form to the Bureau.

This Form must be returned to:

PA Department of Agriculture
Bureau of Ride and Measurement Standards
2301 North Cameron St, Harrisburg, PA 17110-9408
Phone: (717) 787-2291 Fax: (717) 783-4158
Email: RA-amusementrides@pa.gov

Date of Incident:	Time of Incident:	Number of persons injured:
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Injuries or illnesses that meet one or more of the following items require reporting to the bureau when the owner has knowledge of said injury:

- (A) Offsite emergency first aid
- (B) Offsite medical treatment- whether it is administered, recommended or may be required at a future date
- (C) Observation by a licensed physician
- (D) Admission to a hospital

Injuries or illnesses that results in death, dismemberment, significant disfigurement or permanent loss of the use of a body organ, member, function or system are also included.

Incident Location

- On Ride-** This encompasses all injuries or illnesses that actually occur to a person while riding during the operation of the amusement ride or device, including the start-up or shut-down procedures.
- Loading and Unloading-** Injuries or illnesses that actually occur to a person while he is within the area designated for loading and unloading of an amusement ride or device that was under the direct control of an operator.
- Queue Line-** Injury or illness that actually occurs to a person while in a queue line for an amusement ride or device.
- Other-** This encompasses all injuries that occur to a person in a location other than those described above. Please describe:

Contact Information

Ride Owner- Business Name	Ride Owner/Lessee Operator- Business Name
Address	Address

PA Ride Registration Plate No.	Ride Manufacturer	Name of Ride
Ride Manufacturer Serial No.	Ride Description – Type of Ride	

	Age	Sex	Name	Address
Contact information of victim(s)				

If more lines are needed, please continue this list on the reverse side of this sheet


Summary of the cause of the apparent illness or injuries sustained by victim(s). Please include treatment or first aid of injury/illness.

	Age	Sex	Name	Address
Contact information of all known witnesses				

If more lines are needed, please continue this list on the reverse side of this sheet

Certification

I verify that the information provided in this document is true and accurate. I understand that I may be subject to the criminal penalties prescribed by 18 Pa. C.S.A. Section 4904 for unsworn falsifications to authorities if there are false statements in this document.

Printed Name of Preparer	Company Affiliation	Phone
Signature 	Title	() Date