

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	
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Queue Line- Injury or illness that actually occurs to a person while in a queue line for an amusement ride or device.
<input type="checkbox"/>	Other- This encompasses all injuries that occur to a person in a location other than those described above. <u>Please describe:</u>

Contact Information

PA OWNER ID	Ride Owner Name
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Name and Location of Event where accident happened

PA Ride ID	Name of Ride
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Contact information of victim(s)	Age	Sex	Name	Address

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.

Contact information of all known witnesses	Age	Sex	Name	Address

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