

Injuries or illnesses that resulted in medical attention are required to be reported to the Department within **48 hours** of the incident.

Date of Incident:	Time of Incident:	Number of persons injured:	Was medical treatment provided? <input type="checkbox"/> YES <input type="checkbox"/> NO
PA OWNER ID #	Business Name		
Event address where accident happened			
PA Ride ID #	Name of Ride		

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 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

This Form must be returned to:

PA Department of Agriculture/Bureau of Ride and Measurement Standards/2301 North Cameron St, Harrisburg, PA 17110-9408 or by email: RA-amusementrides@pa.gov