

# Incident Report

New Jersey Department of Community Affairs

PO Box 808, Trenton NJ 08625-0808

Phone 609-292-2097 Fax 609-984-7084

**HOTLINE 609-292-2099**

**N.J.A.C 5:14A-4.13**

To be completed by owner immediately after accident or injury and faxed to the above number within 24 hours. If the accident results in death or serious injury, phone (609) 292- 2097 between the hours of 8:30 am to 4:30 pm Monday thru Friday. At all other times including State Holidays call the Carnival Amusement Ride **HOTLINE** at **609-292-2099**

Name of Owner:		Date :		
Trade Name:		Phone:		
Address of Incident:	Street	City:		
	County	Zip Code:		
Ride Name:	Permit # :	NJ ID # :		
Date of Incident:	Time of Incident:	AM	PM	Weather:
Name of Injured :			Age:	Height:
Address of injured :	Street:	City:		
	County:	Zip Code:		
Type of injury & Body Part Injured :				

Did the injured go on for further treatment (hospital, doctor)? Yes \_\_\_\_\_ No \_\_\_\_\_ | If yes to either, call  
Was the injured transported by ambulance? Yes \_\_\_\_\_ No \_\_\_\_\_ | HOTLINE Immediately

If yes, where did the injured go? \_\_\_\_\_

### Detailed description of Incident:

List all operators on the ride:

1 _____	4 _____
2 _____	5 _____
3 _____	6 _____

List all witnesses: ( Include names(first and last), age, address and relationship to owner or injured

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print name

Signature

### Office Use Only

Received by:	Inspector Notified:			
Incident Type:	Investigate	Yes	No	
Date of Notification :	Via:			