



Amusement Ride Accident Report 2012

SAFETY AND BUILDINGS DIVISION
Integrated Services Bureau
P.O. Box 7302
Madison, Wisconsin 53707-7302
TDD: Contact through Relay
<http://dps.wi.gov/sb/SB-DivProgramsListed.html>
Scott Walker, Governor

The owner/operator of the amusement ride shall notify the Department of Safety and Professional Services of every accident involving personal injury that requires medical attention which is more than onsite first aid. (See SPS 334.41, Wisconsin Administrative Code.)

This form must be submitted within two days after accident or injury. Fatalities shall be reported within 24 hours. (During normal business hours call 608-261-2503 or 608-266-9374. After business hours call 1-800-943-0003.) Penalties for failure to report are provided in 101.2, Wisconsin Statutes.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Report Date	Accident Date	Carnival or Business Name	Phone Number
Ride Serial Number	Ride Name	Sponsor Name	
Ride Manufacturer	Ride Location at Accident Time		
Responsible Ride Operator Name	Responsible Ride Operator Address		
Liability Insurance Company Name	Number of People Injured:		

Injured Person(s) Name and Address

Injured Person(s) or Representative Signature (if possible)

Extent of Injuries: <input type="checkbox"/> Amputation/Severance <input type="checkbox"/> Crushed <input type="checkbox"/> Lacerations <input type="checkbox"/> Fatality <input type="checkbox"/> Fracture <input type="checkbox"/> Other, specify _____	Was Injured person(s) Your Employee(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Describe Accident (continue on separate page if necessary):

Accident Reporter's Printed Name and Signature	Position	Date Signed
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