STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
TRAMWAY AND AMUSEMENT RIDE SAFETY BUREAU
33 HAZEN DRIVE
CONCORD, NH 03305
603-223-4289

AMUSEMENT RIDE ACCIDENT REPORT

Pursuant to NH SAF-C 1405.04 any amusement ride accident causing death, serious injury or damage to the ride or device or any of its components shall immediately be reported to the Department of Safety, Tramway and Amusement Ride Safety Bureau.

During normal business hours call 223-4289. At all other times call State Police Dispatch at 603-271-3636.

DATE AND TIME OF INITIAL TELEPHONE REPORT: _____

In addition to immediate reporting by phone, the Amusement Ride Accident report form shall be completed for all accidents involving PERSONAL INJURY OR MECHANICAL FAILURE on an amusement ride or device. This accident report shall be sent by the Operator to the Division of Safety Services at the above address **within five (5)** days of the accident.

ACCIDENT REPORT MUST BE COMPLETELY FILLED OUT, SIGNED AND DATED

Date of Report: _____ **NH Ride Registration No**: _____

Name of Amusement Ride Company/Park _____

Permanent Mailing Address_____

Town _____**State** _____**Zip**_____

Name of Ride and Vehicle number on which accident occurred: _____

Type of Ride on which accident occurred: _____

Date of Accident _____**Time of Day** _____**a.m. / p.m.**

Exact Location of accident: (Fix location precisely) _____

_____

Persons killed or injured:

Name _____**DOB**_____ **Height**_____ **Weight**_____

Address _____

Describe Injury _____

Persons killed or injured:

Name _____**Age** _____

Address _____

Describe Injury _____

Weather conditions at time of accident: _____

Name and address of physical operator in charge:

Name _____

Address _____

Attendant (s) at time of accident:

Name _____ **Address** _____

Name _____ **Address** _____

Briefly describe how the accident occurred: _____

_____

Operator's OPINION as to cause of accident: _____

_____

Known witness(es):

Name _____**Address** _____

Name _____**Address** _____

Is the ride registered in New Hampshire? **Yes** ☐ **No** ☐

Has this ride been inspected pursuant to SAF-C 1404.02? **Yes** ☐ **No** ☐

Date of Owner's last inspection _____

Name of Owner's Inspector _____

Address _____

Were safety devices as required by SAF-C 1400 installed? **Yes** ☐ **No** ☐

Name of hospital/doctor where injured person was taken: _____

Was first aid equipment available at the scene of the accident? **Yes** ☐ **No** ☐

Detailed description of mechanical failure: _____

_____

Signature of Operator _____ **Date** _____

Please print name: _____

PLEASE RETURN THIS FORM WITHIN 5 DAYS TO:
Email: WBriggs.Lockwood@DOS.NH.GOV
Nancy.Ettelson@DOS.NH.GOV

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