



Robert L. Quinn
Commissioner of Safety

State of New Hampshire
Department of Safety

Tramway & Amusement Ride Safety
33 Hazen Drive, Concord, NH 03305
Telephone: (603) 223-4289 Fax: (603) 223-4294

TRAMWAY INCIDENT REPORT

Pursuant to NH Pas 302.04, a detailed report of all incidents involving **LIFT SYSTEM FAILURE** or **PERSONAL INJURY** on the tramway shall be sent to the Board within **FIVE (5)** days from the date of the incident.

- 1. Date of Report: _____
- 2. Tramway Registration Number: TRM _____
- 3. Type of Lift: _____
- 4. Name of Lift: _____
- 5. Date of Incident: _____ Time: _____ am pm

- 6. Name of Ski Area: _____ Town: _____
- 7. Ski Area Owner: _____
- 8. Mailing Address: _____ Town: _____
- 9. Phone Number: _____ (_____) _____
- 10. Location of Incident (Fix Location Precisely) **AND** Carrier Number: _____

- 11. **Person(s) Injured or Killed:** Skier Snowboarder Other **Pls. specify** _____
- a. Name and Address: _____ Age: _____
Describe Injury: _____
- b. Name and Address: _____ Age: _____
Describe Injury: _____

- 12. **Weather Conditions** **Visibility** **Uphill Snow Conditions** **Wind**
- Clear Sleet Good Good Light
- Fog Dark Fair Fair Moderate
- Rain Light Poor Poor Strong
- Snow Other None

12.a. **Weather Temperature at time of incident:** _____



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13. Names of Lift Operator and Attendants in charge of Tramway at time of incident:

- a. Operator: _____ Age: _____
- b. Attendant: _____ Age: _____
- c. Attendant: _____ Age: _____

14. Give a brief but clear description of incident:

15. Name(s) and Address(s) of Known Witness(s):

- a. _____
- b. _____
- c. _____
- d. _____

16. Name and address of Person who performed the daily Pre-Operational Inspection:

- a. Name: _____
- b. Address: _____

17. Was the injured person treated at the scene of the incident? Yes No

Name(s) of Person(s) administering treatment at the scene _____

18. Name of hospital or doctor where the injured was taken, if known:

19. Report of lift system failure: Please provide a detailed description of any lift system failure which contributed to this incident:

PURSUANT TO RSA 225-A:26, FAILURE TO SUBMIT A PROPERLY COMPLETED FORM WITHIN THE TIME SPECIFIED IS A VIOLATION AND IS PUNISHABLE BY LAW.

Signature of Operator or Owner

Please print name of operator or owner

TO BE FILLED OUT AND MAILED TO:

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