

# Incident Report

New Jersey Department of Community Affairs

PO Box 816, Trenton NJ 08625-0816

**HOTLINE: 609-292-2099**

**EMAIL: [Rides@dca.nj.gov](mailto:Rides@dca.nj.gov)**

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

To be completed by owner immediately after incident / mechanical breakdown and E-mailed or faxed within 24 hours. If incident results in death, serious injury as defined by code, or failure of a critical structural and/or mechanical component call the **Hotline** at 609-292-2099.

**\*YOU MUST COMPLETE ALL APPLICABLE INFORMATION. DO NOT LEAVE ANY SECTION BLANK\***

<b>Company Name:</b>		<b>Date:</b>	
<b>Trading As:</b>		<b>Phone:</b>	
<b>Address of Incident:</b>		<b>City:</b>	
<b>Street</b>		<b>Zip Code:</b>	
<b>County</b>		<b>NJ Serial Number:</b>	
<b>Ride Name:</b>	<b>Permit #:</b>		
<b>Date of Incident:</b>	<b>Time of Incident:</b>	<b>AM</b>	<b>PM</b>
		<b>Were there injuries? YES NO</b>	
<b>Name of Injured:</b>	<b>Age</b>	<b>Wt.</b>	<b>Height</b>
<b>Injuries Sustained:</b>			

1. Did injured go for further treatment? YES \_\_\_\_\_ NO \_\_\_\_\_ **If yes, call hotline**
2. Was injured transported by ambulance? YES \_\_\_\_\_ NO \_\_\_\_\_ **If yes, call hotline**
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3. Was this a mechanical breakdown? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Was this a critical component failure? YES \_\_\_\_\_ NO \_\_\_\_\_ **If yes, call hotline**

**Component(s) involved that caused breakdown:** \_\_\_\_\_

5. Was there an evacuation of the ride? YES \_\_\_\_\_ NO \_\_\_\_\_
6. Was evacuation at normal loading/unloading area? YES \_\_\_\_\_ NO \_\_\_\_\_ **If No, call hotline**

**Detailed Description of Incident / Mechanical Breakdown:** (Use additional pages if necessary)

**List all operators on ride:** \_\_\_\_\_

**List all witnesses: (Include names & contact information)**

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

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Company Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

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Detailed Description of Incident / Mechanical Breakdown: (continued)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_