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# AMUSEMENT RIDE/ PASSENGER ROPEWAY ACCIDENT REPORT

SAFETY AND BUILDINGS DIVISION  
Inspection and Safety Support Section  
P. O. Box 7302  
Madison, Wisconsin 53707-7302  
Fax 608-266-9374  
<http://www.commerce.state.wi.us/sb>  
**Jim Doyle, Governor**  
Jack L. Fischer, A.I.A., Secretary

The owner/operator of the amusement ride shall notify the Department of Commerce of every accident involving personal injury which requires medical attention that is more than on site first aid. (Section Comm Ch. 34.41 / Ch. 33.15 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 section 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 / Ropeway Serial Number	Ride / Ropeway Name	Sponsor Name (for traveling Carnivals only)	
Ride / Ropeway Manufacturer	Ride / Ropeway Location at Accident Time		
Ride / Ropeway Operator Name	Ride / Ropeway Operator Address		
Liability Insurance Company Name	Number of People Injured:		

Injured Person(s) Name and Address

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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? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Describe Accident (continue on separate page if necessary):

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Accident Reporter's Printed Name and Signature	Position	Date Signed
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