

**INCIDENT REPORT - N.J.A.C. 5:14A-4.13**

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)***\* Click here for Reporting Information and Related Definitions \**

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> Street _____			<b>City:</b>		
<b>County</b> _____			<b>Zip Code:</b>		
<b>Ride Name:</b>		<b>Permit #:</b>	<b>NJ Serial Number:</b>		
<b>Date of Incident:</b>	<b>Time of Incident:</b>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	<b>Weather:</b>	
<b>Name of Injured:</b>		<b>Age</b>	<b>Wt.</b>	<b>Height</b>	
<b>Injuries Sustained:</b>					

1. Was this a serious injury (as defined in 5:14A) YES \_\_\_\_ NO \_\_\_\_ If yes, call hotline  
2. Did incident involve ejection of rider? YES \_\_\_\_ NO \_\_\_\_ If yes, call hotline

3. Was this a mechanical breakdown? YES \_\_\_\_ NO \_\_\_\_  
4. Did incident involve a critical component failure? YES \_\_\_\_ NO \_\_\_\_ If yes, call hotline

Component(s) involved causing breakdown: \_\_\_\_\_

5. Was there an evacuation of the ride? YES \_\_\_\_ NO \_\_\_\_  
6. Was evacuation at normal loading/unloading area? YES \_\_\_\_ NO \_\_\_\_

**Detailed Description of Incident / Mechanical Breakdown (including vehicle identification):** **NOTE: If ride is reopened within 24 hours of a mechanical failure, provide determined cause of mechanical failure and corrective actions taken prior to ride reopening to the public. Use additional description page provided, 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: \_\_\_\_\_