

# 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)**

Phone 609-292-2097; Fax 609-984-7084

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> Street _____		<b>City:</b>	
County _____		<b>Zip Code:</b>	
<b>Ride Name:</b>		<b>Ride Permit #:</b>	<b>Ride NJID Plate #:</b>
<b>Date of Incident:</b>	<b>Time of Incident:</b>	AM	PM
<b>Were there injuries? Y___ N___</b>			
<b>Name of Injured:</b>		<b>Age</b>	<b>Wt</b>
			<b>Height</b>
<b>Injuries Sustained:</b>			

1. Did injured sustain a serious injury as defined by the Department? YES \_\_\_ NO \_\_\_ If yes, call hotline

2. Did incident involve the ejection of a rider? YES \_\_\_ NO \_\_\_ If yes, call hotline

3. Did incident involve a mechanical breakdown? YES \_\_\_ NO \_\_\_

4. Did incident involve failure of a critical component(s) as defined by the Department? YES \_\_\_ NO \_\_\_ If yes, call hotline

List of failed ride component(s) involved in, or causing incident: \_\_\_\_\_

5. Was there an evacuation of the ride? YES \_\_\_ NO \_\_\_

6. Was evacuation at normal loading/unloading area? YES \_\_\_ NO \_\_\_

**Detailed Description of Incident, including ride vehicle number(s) involved:** (Use continuation page attached if necessary)

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

List all witnesses: (Include names & contact information)

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

**Incident Report (continued)**

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**Company Name:** \_\_\_\_\_ **Ride NJID #** \_\_\_\_\_

**Ride Name:** \_\_\_\_\_ **Date of Incident:** \_\_\_\_\_

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**Detailed Description of Incident / Mechanical Breakdown: (continued)**

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