

**ILLINOIS AMUSEMENT RIDE AND ATTRACTION SAFETY DIVISION - ACCIDENT
REPORT FROM** Fax this form to (217)782-0596 or email to DOL.Rides@Illinois.gov

Name of Amusement Company or Park		Owner Name	
Address		Phone #	
City/State/Zip		Operator Name	
Date of Accident	Time	Permit #	
Ride/Attraction Name		Manufacturer of Ride	
Event Name:		Event Location:	
Operator Training on File: <input type="checkbox"/> Yes <input type="checkbox"/> No		Did accident occur on ride?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe fully how accident occurred and state what injured was doing when the accident occurred:			
INJURED PATRON INFORMATION (please print)			
Did accident cause a fatality? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did accident require treatment by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did accident require first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of hospital or care facility:	
Injury as described by injured party:		How was patron transported?	
Nature of injury and treatment:			
Name of Injured:		Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address/City/State:			
Phone #:		Diagnosis:	
WITNESS INFORMATION (please print) Use additional sheet if required.			
Witness Name:			
Address/City/State/Zip:			
Email Address:		Phone #:	
Witness Name:			
Address/City/State/Zip:			
Email Address:		Phone #:	

Name of Owner/Agent Completing Report (PRINT) _____

Signature of Person Completing Report _____

Signature Date _____