

AMUSEMENT RIDE ACCIDENT/INJURY REPORT OKLAHOMA DEPARTMENT OF LABOR

Commissioner of Labor

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After Hours and Weekends Emergency Number (405) 343-9815
Email copy of report to above email address
or Fax copy of report to above Fax Number

AMUSEMENT RIDE COMPANY'S INFORMATION

DATE OF REPORT: DATE OF ACCIDENT: INSPECTION DATE:

CARNIVAL/AMUSEMENT COMPANY NAME

PERMANENT ADDRESS: INSURANCE COMPANY:

CARNIVAL/AMUSEMENT COMPANY NUMBER: INSURANCE COMPANY NUMBER:

ACCIDENT INFORMATION

LOCATION OF INCIDENT: TIME OF ACCIDENT:

NAME OF RIDE: NAME OF MANUFACTURER:

REGISTRATION NUMBER:

NAME OF OPERATOR: OPERATOR PHONE NUMBER:

PERSON REPORTING INCIDENT: PERSON REPORTING JOB TITLE:

NOTIFIED 911: PICK ONE TRANSPORTED TO HOSPITAL: PICK ONE PICK ONE

FIRE DEPARTMENT RESPONDED: PICK ONE HOSPITAL NAME

POLICE OFFICER NAME: HOSPITAL PHONE

POLICE OFFICER PHONE: NAME OF OTHER

WITNESS/INJURY INFORMATION PERSON 1 LEVEL OF INJURY: PICK ONE

PICK ONE: NAME: CELL PHONE NUMBER:

ADDRESS: HOME PHONE NUMBER:

AGE: MALE/FEMALE PICK ONE

IF MINOR CHILD LISTED LEGAL PARENT/GUARDIAN:

WITNESS/INJURY INFORMATION PERSON 2 LEVEL OF INJURY: PICK ONE

PICK ONE: NAME: CELL PHONE NUMBER:

ADDRESS: HOME PHONE NUMBER:

AGE: MALE/FEMALE PICK ONE

IF MINOR CHILD LISTED LEGAL PARENT/GUARDIAN:

WITNESS/INJURY INFORMATION PERSON 3 LEVEL OF INJURY: PICK ONE

PICK ONE: NAME: CELL PHONE NUMBER:

ADDRESS: HOME PHONE NUMBER:

AGE: MALE/FEMALE PICK ONE

IF MINOR CHILD LISTED LEGAL PARENT/GUARDIAN:

EXPLAIN IN DETAIL WHAT HAPPENEI	D TO CAUSE INCIDENT, THE RESULT	TS OF THE INCIDENT, AND WHA	AT, IF ANYTHING, WAS DONE A	S A RESULT OF THE INCIDENT	

SUMMARY OF INCIDENT