



**AMUSEMENT RIDE ACCIDENT/INJURY REPORT**  
**OKLAHOMA DEPARTMENT OF LABOR**  
**Commissioner of Labor**

3017 N. STILES AVE, SUITE 100  
OKLAHOMA CITY, OK 73105  
(405) 521-6100 FAX (405) 521-6025  
www.labor.ok.gov  
email: odol.amusement@labor.ok.gov  
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

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**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:

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**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

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**WITNESS/INJURY INFORMATION PERSON 1**

PICK ONE : NAME:                                  LEVEL OF INJURY: PICK ONE  
ADDRESS:                                  CELL PHONE NUMBER:  
AGE:                                  HOME PHONE NUMBER:  
IF MINOR CHILD LISTED LEGAL PARENT/GUARDIAN:                                  MALE/FEMALE PICK ONE

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**WITNESS/INJURY INFORMATION PERSON 2**

PICK ONE : NAME:                                  LEVEL OF INJURY: PICK ONE  
ADDRESS:                                  CELL PHONE NUMBER:  
AGE:                                  HOME PHONE NUMBER:  
IF MINOR CHILD LISTED LEGAL PARENT/GUARDIAN:                                  MALE/FEMALE PICK ONE

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**WITNESS/INJURY INFORMATION PERSON 3**

PICK ONE : NAME:                                  LEVEL OF INJURY: PICK ONE  
ADDRESS:                                  CELL PHONE NUMBER:  
AGE:                                  HOME PHONE NUMBER:  
IF MINOR CHILD LISTED LEGAL PARENT/GUARDIAN:                                  MALE/FEMALE PICK ONE

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## SUMMARY OF INCIDENT

EXPLAIN IN DETAIL WHAT HAPPENED TO CAUSE INCIDENT, THE RESULTS OF THE INCIDENT, AND WHAT, IF ANYTHING, WAS DONE AS A RESULT OF THE INCIDENT

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PRINTED NAME AND SIGNATURE OF PERSON SUBMITTING REPORT  
PAGE 2 OF 2

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE