



AMUSEMENT RIDE INCIDENT REPORT FORM

KENTUCKY DEPARTMENT OF AGRICULTURE
DIVISION OF REGULATION AND INSPECTION
107 CORPORATE DRIVE
FRANKFORT KY 40601

OFFICE: 502/573-0282 FAX: 502/573-0303
EMAIL: chad.halsey@ky.gov

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

DATE REPORT SENT: _____ TIME REPORT SENT: _____

COMPANY INFORMATION:

COMPANY NAME: _____

BUSINESS ID NUMBER: _____

ADDRESS: _____

OWNER: _____ PHONE: _____

RIDE OPERATOR(S):

Name: _____ Name: _____

Address: _____ Address: _____

INCIDENT INFORMATION:

Ride/Attraction Name: _____

Manufacturer: _____ Serial Number: _____

Location of Accident: _____

NAMES AND ADDRESSES OF ALL PERSONS INJURED (one report per person):

Name: _____ Sex: ___ Age: ___

Address: _____

Phone: _____

Nature and extent of injury: _____

Name/location of treating facility or person: _____

Description of incident: _____

If additional space is needed, please attach separate sheet of paper.

I attest that the above information is accurate to the best of my knowledge. I did / did not (please circle one) have assistance completing this report. If you had assistance, please provide the contact information of the person assisting you. *Please provide a copy of this report to the injured person.*

(Print Name)

(Sign Name)

(Relation to Injured Person)

Address and telephone number: _____