



Commonwealth of Massachusetts

Office of Public Safety & Inspections

Amusement & Recreational Tramway

Incident\Accident Report Form

Device USID Number:		Device Serial Number	
Name of Device:			
Device Owner:			
Owner Address:			
Owner Contact:		Contact Phone Number	
Date of Incident:		Time of Incident:	
Type of Incident: Briefly describe the type of incident and location address. Provide a detailed account of incident on page 6 of this report. Incident Location: Provide street address and GPS coordinates if known.			

Manufacturer Information:			
Name of Device		Type of Device (Fixed or mobile)	
Manufacturer Name		Date of Manufacture	
Manufacturer Address			
Manufacturer Contact		Manufacturer Contact Phone Number	
Type of Device: Please describe the type of device. Indicate any height or weight restrictions and whether ASTM Standards apply.			

Witness Contact Information and Statement:	Name of Witness No. 1:				
	Address:				
Home Phone:		Cell Phone:			
Witness DOB:		Driver's License No.			
Witness Statement: Please have the witness provide a detailed account of what he or she viewed during the incident. Please be sure to record all contact information. Use additional pages if necessary.					
	Print Witness Name Clearly			Date	
	Witness Signature				

Witness Contact Information and Statement:	Name of Witness No. 2:			
	Address:			
Home Phone:		Cell Phone:		
Witness DOB:		Driver's License No.		
Witness Statement: Please have the witness provide a detailed account of what he or she viewed during the incident. Please be sure to record all contact information. Use additional pages if necessary.				
	Print Witness Name Clearly		Date	
	Witness Signature			

Injured Party No. 1 Contact Information:	Name of Injured Person:							
	Address:							
Home Phone:			Cell Phone:					
Age:	Height:		Weight:		Male		Female	
Injured Party DOB:			Driver's License No.					
Severity of Injuries:	Severe\Killed		Serious		Minor		None	
Extent of Injuries: Check ✓ the severity and provide further detail if necessary, including the name of hospital if applicable.	Medical Attention		Yes	No	Hospitalized		Yes	No

Injured Party No. 2 Contact Information:	Name of Injured Person:							
	Address:							
Home Phone:			Cell Phone:					
Age:	Height:		Weight:		Male		Female	
Injured Party DOB:			Driver's License No.					
Severity of Injuries:	Severe\Killed		Serious		Minor		None	
Extent of Injuries: Check ✓ the severity and provide further detail if necessary, including the name of hospital if applicable.	Medical Attention		Yes	No	Hospitalized		Yes	No

Injured Party No. 3 Contact Information:	Name of Injured Person:							
	Address:							
Home Phone:			Cell Phone:					
Age:	Height:		Weight:		Male		Female	
Injured Party DOB:			Driver's License No.					
Severity of Injuries:	Severe\Killed		Serious		Minor		None	
Extent of Injuries: Check √ the severity and provide further detail if necessary, including the name of hospital if applicable.	Medical Attention		Yes	No	Hospitalized		Yes	No

Injured Party No. 4 Contact Information:	Name of Injured Person:							
	Address:							
Home Phone:			Cell Phone:					
Age:	Height:		Weight:		Male		Female	
Injured Party DOB:			Driver's License No.					
Severity of Injuries:	Severe\Killed		Serious		Minor		None	
Extent of Injuries: Check √ the severity and provide further detail if necessary, including the name of hospital if applicable.	Medical Attention		Yes	No	Hospitalized		Yes	No

<p>Description of Incident:</p> <p>Please provide a detailed account of the incident and follow-up actions.</p> <p>Please indicate whether the incident was determined to be caused by:</p> <p>Mechanical Failure;</p> <p>Consumer Behavior;</p> <p>Operator Behavior; or</p> <p>Design Limitations</p> <p>as established by the United States Consumer Product Safety Commission (USCPSC) classification definitions.</p> <p>Also, please reference ASTM incident classifications for:</p> <p>Illness;</p> <p>Injury;</p> <p>Serious Illness\Injury;</p> <p>Serious Injury\Illness;</p> <p>Facility Related Incident;</p> <p>Non-Facility Related;</p> <p>On Ride Incident;</p> <p>Loading\Unloading;</p> <p>Queue Line Incident;</p> <p>Other.</p>									
	<table border="1"> <tr> <td>Name of Person Filing Report</td> <td></td> <td>Date</td> <td></td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> </tr> </table>	Name of Person Filing Report		Date		Signature			
	Name of Person Filing Report		Date						
	Signature								

Sketches and Additional Notes

Provide any additional notes or sketches of scene in this area to better describe event. Clearly label all details of equipment, boundaries, materials or other features of the scene that are referenced in the sketch.