



# Amusement Ride Incident Report

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**Serious Injury/Illness or Death must be communicated to the Department of Revenue within (2) hours via telephone and (24) hours via written form. Minor Injury/Illness must be communicated within (72) hours.**

Check One:	
<input type="checkbox"/> Minor Injury / Illness	<input type="checkbox"/> Serious Injury / Illness
<input type="checkbox"/> Death	
INCIDENT REPORT <span style="float: right;">Page ___ of ___</span>	
<p style="text-align: center;">Owner / Operator Information</p> <p>Reported By: _____</p> <p>Job Title: _____</p> <p>Date: _____ Time: _____</p> <p>Ride Manufacturer Name: _____</p> <p>Serial Number: _____</p>	<p style="text-align: center;">Injured Party Information</p> <p>Name of Party Involved: _____</p> <p>Address: _____</p> <p>Address (2): _____</p> <p>Telephone: _____</p> <p>Age: _____</p>
INCIDENT DESCRIPTION: (PLEASE INCLUDE ANY FIRST AID TREATMENT GIVEN)	
Signature: _____	Date: _____
Police Report Filed <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Department Use Only:</b>
Reporting Officer: _____	Investigation Warranted <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone: _____ Precinct: _____	Incident #: _____