



DCA LICENSING CENTER
 42 Broadway, Lobby
 New York, NY 10004
 Monday-Friday: 9:00 a.m.-5:00 p.m.
 Wednesday: 8:30 a.m.-5:00 p.m.
 Telephone: (212) 487-4075
 nyc.gov/dca



ELEVATOR INSPECTION DIVISION
 280 Broadway, 4th Floor
 New York, NY 10007
 nyc.gov/buildings

AMUSEMENT DEVICE NOTIFICATION OF ACCIDENT REPORT

An amusement device owner/operator must report any accident occurring on, within the premise of, or related to the operation of an amusement device, which caused or could cause human injury or damage to property. **The accident must be reported promptly to BOTH the Department of Consumer Affairs (DCA) and the Department of Buildings (DOB):**

Notify DOB by:

- Phone: (212) 393-2467 AND
- Fax or email this form to: (212) 566-5770, amusemenrides@buildings.nyc.gov

Notify DCA by:

- Phone: (212) 487-4075 AND
- Fax or email this form to: (646) 500-6334, amusementdevicesaccidentreports@dca.nyc.gov

Do not operate or tamper with device until an inspection / investigation is conducted by DOB's Elevator Division. Any statements taken from the amusement ride operator, company personnel, and/or witnesses must be attached to this report.

DATE REPORT SUBMITTED			PAGES			Page ____ of ____		
LICENSEE INFORMATION								
Name of Amusement Company:				Address of Amusement Company:				
Name of Fair / Event:				Address of Fair / Event:				
Licensee Name:			DCA License Number:			Licensee Telephone Number:		
NYC ID Number:			Serial:			Manufacturer:		
INJURED PERSON INFORMATION				RIDE OPERATOR INFORMATION				
Name of Injured Person:				Name of Operator:				
Address:				Address:				
Telephone Number:		Age:	Sex:	Telephone Number:		Age:	Sex:	
ACCIDENT INFORMATION								
Date of Accident:		Approximate Time of Accident:		Have you notified the Department of Buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did accident occur on device? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place where accident occurred:				If accident did not occur on device, where did it occur?				
Was accident a result of:		<input type="checkbox"/> Mechanical Default		<input type="checkbox"/> Operation Default		<input type="checkbox"/> Patron		<input type="checkbox"/> Other:
Name of Ride:			License Number:			Briefly Describe Injury (s):		
Briefly describe how accident occurred (continue on reverse side if needed):								

Describe actions taken after accident:

Note: Any statements taken from ride operator, company personnel, or witnesses, or statements and reports filed by the New York City Police Department, fair/event security, or Emergency Medical Services at the scene of the accident must be attached to this report.

WITNESSES		
Name of Witness:	Address of Witness:	Telephone Number:
Name of Witness:	Address of Witness:	Telephone Number:
Name of Witness:	Address of Witness:	Telephone Number:

Note: Continue below for additional witnesses if needed.

PENALTY FOR FALSIFICATION:

Any false statement on this report is a crime punishable by a fine, imprisonment, or both. A fine for each false statement as high as \$500 may be imposed by DCA. In addition, each false statement is punishable by a fine as high as \$1,000 if prosecuted criminally.

Name of Owner /Operator/Agent (Print):	Signature:	Title:	Date:
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ACCIDENT INFORMATION (Continued from Page 1)

Continue briefly describing how accident occurred:

WITNESSES (Continued from above)

Name of Witness:	Address of Witness:	Telephone Number:
Name of Witness:	Address of Witness:	Telephone Number:
Name of Witness:	Address of Witness:	Telephone Number: