



DEPARTMENT OF CONSUMER AND
WORKER PROTECTION
42 Broadway
New York, NY 10004
nyc.gov/dcwp



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 and Worker Protection (DCWP) and the Department of Buildings (DOB). Email this form to:**

DOB:

- amuserides_incidents@buildings.nyc.gov
Monday-Friday, 8:00 a.m. to 4:30 p.m.
- amuserides_incidentsafterhours_DL@buildings.nyc.gov
after hours and weekends

DCWP:

- amusementdevicesaccidentreports@dcwp.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 ____	
BUSINESS INFORMATION					
Name of Amusement Company:			Address of Amusement Company:		
Name of Fair / Event:			Address of Fair / Event:		
Business Name:			Phone Number:		
NYC ID Number:		Serial:		Manufacturer:	
INJURED PERSON INFORMATION			RIDE OPERATOR INFORMATION		
Name of Injured Person:			Name of Operator:		
Address:			Address:		
Phone Number:	Age:	Sex:	Phone 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:					
Briefly Describe Injury (s):					

