



Florida Department of Agriculture and Consumer Services
Division of Consumer Services/Bureau of Fair Rides Inspection

FAIR RIDES WRITTEN ACCIDENT REPORT

Section 616.242(15)(a), Florida Statutes, Rule 5J-18.0012, Florida Administrative Code

WILTON SIMPSON
COMMISSIONER

Phone 1-800-435-7352; Fax (850) 410-3797; (PM) 800-663-3542
FairRides@FDACS.gov

REPORT ACCIDENTS TO THE DIVISION OF CONSUMER SERVICES. PH (1-800-663-3542), FAX (1-850-410-3797); E-MAIL: FAIRRIDES@FDACS.GOV

Date of Accident: _____

Time of Accident: _____ a.m. p.m.

Amusement Ride Information:

Injured Patron Information:

Name of Amusement Ride Company: _____

Was Patron transported or sought medical attention:
Yes or No

Address: _____

Name: _____

City: _____ State: _____

Age in years: ____ Gender: Male Female

Zip: _____ Ph. #: _____ Fax # _____

Address: _____

Email: _____

City: _____ State: _____

Name of Fair/Event/ Location: _____

Zip: _____ Ph. #: _____

Address: _____

Parent/Guardian Name: _____

City: _____ State: _____

Describe injury(s): _____

County: _____

Phone number where person completing report can be
reached: _____

Amusement Ride name: _____

USAID #: _____

Name of Operator: _____

Did accident occur on ride: Yes No
If yes, describe how accident occurred. If no, where did
accident occur?

Witness Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Ph #: _____

Write additional information on back

Print Name of Person Completing Report

Signature

Date