

AMUSEMENT PARK ACCIDENT REPORT

Insured Information

Name of Park _____

Device or Location of incident _____

Operators (Attendants) _____

Address _____

Phone _____

Incident Information

Date & time of incident _____

Weather _____

How did incident happen _____

If Slip & Fall Include Dated Photos

Was site or area inspected after incident? () yes () no

Result of Inspection _____

Injured Party

Name _____

Address _____

Phone _____

Date of Birth(age) _____

Name of Parent, if Minor _____

Nature of Injury _____

Type of treatment given on site _____

Was ambulance transport required? () yes () no

If yes, hospital transported to _____

Was further treatment recommended? () yes () no

Did party return to amusement park? () yes () no

Send all information immediately after incident to: Naughton Insurance Inc.

**P.O. Box 6192, Providence, RI 02940.
(401)433-4000 Fax (401)433-5460**

Date _____ Signature _____ Position _____