Incident & Accident Report
(Report must be filled out by on site supervisor)

Incident Date: ____/____/____ Time: ____:_____ am/pm (circle) Company: Party Vision, LLC.

Client: _____ On Site Contact Name: _____

Ride Location at time of Incident: _____ Indoor / Outdoor (circle) Surface Type: _____ Describe Weather: _____ Temp: _____

Ride Name: _____ Ride Manufacturer: _____

Ride Operators Name: _____ _____ Title: _____

On site Supervisor Name: _____ Title: _____

Injured person name: _____ Age: ____ Phone Number:_____

Address:

_____

Briefly describe how incident occurred:_____

_____

_____

_____

Extent of Injury: _____

Any Witnesses: Y / N Name & phone number of witnesses:_____

_____

_____

Did the injured party contribute to the incident in any way: Y / N If yes, explain:_____

_____

_____

Was this a preexisting condition: Y / N If yes, describe condition:_____

_____

Injured person's mental state: Confused: __ Calm: __ Panicked: __ Aggressive: __ Other:_____

Did Injured Person sign a waiver: Y / N Were there any instructions or warnings not headed prior to the incident? Y / N If yes, please explain and who issued warnings:_____

_____

Operator Signature: _____ Name: _____ Date: _____

On Site Supervisor Signature: _____ Name: _____