



TEXAS DEPARTMENT OF INSURANCE

Regulatory Policy Division - Amusement Rides (104-AR)

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QUARTERLY INJURY REPORT
AMUSEMENT RIDE SAFETY INSPECTION AND INSURANCE ACT

In accordance with Chapter 2151, Amusement Ride Safety Inspection and Insurance Act of the Texas Occupations Code and 28 TAC §§5.9001 -- 5.9014, the following report of injury related to an amusement ride in any state resulting in death or requiring medical treatment as defined in the Act, is hereby made for the calendar year quarter.

FROM: _____ TO: _____

OWNER/OPERATOR (INSURED) _____

ADDRESS _____

SIGNATURE OF OWNER/OPERATOR _____

_____ Number of injuries requiring medical treatment or deaths relating to an amusement ride (complete section below for each reported death or injury).

THE QUARTERLY INJURY REPORT MUST BE FILED WITH THE DEPARTMENT AND MAINTAINED FOR TWO YEARS AT THE LOCATION WHERE THE RIDE IS OPERATED AND BE AVAILABLE FOR INSPECTION BY A MUNICIPAL, COUNTY OR STATE LAW ENFORCEMENT OFFICIAL.

IF NO INJURIES WERE SUSTAINED, A REPORT IS NOT REQUIRED.

Form with fields: Date of Injury, Amusement Ride Name, Serial No., Sex/Age of Injured Person, Name of Injured, Body Part Injured, Description/Type of Injury, Cause of Injury, Other Circumstances - if appropriate.

QUARTERLY INJURY REPORT (CONTINUED)

OWNER OPERATOR (INSURED): _____

Date of Injury: _____

Amusement Ride Name: _____ Serial No.: _____
(if applicable to identification of ride)

Sex/Age of Injured Person: _____ Name of Injured: _____
(optional)

Body Part Injured: _____

Description/Type of Injury: _____

Cause of Injury: _____

Other Circumstances - if appropriate: _____

Date of Injury: _____

Amusement Ride Name: _____ Serial No.: _____
(if applicable to identification of ride)

Sex/Age of Injured Person: _____ Name of Injured: _____
(optional)

Body Part Injured: _____

Description/Type of Injury: _____

Cause of Injury: _____

Other Circumstances - if appropriate: _____

Date of Injury: _____

Amusement Ride Name: _____ Serial No.: _____
(if applicable to identification of ride)

Sex/Age of Injured Person: _____ Name of Injured: _____
(optional)

Body Part Injured: _____

Description/Type of Injury: _____

Cause of Injury: _____

Other Circumstances - if appropriate: _____

REPRODUCE THIS SHEET AS MANY TIMES AS NEEDED