

ILLINOIS CARNIVAL & AMUSEMENT RIDE DIVISION - ACCIDENT REPORT

Fax this form to (217)782-0596

Name of Amusement Company or Park ALPINE AMUSEMENT CO.		Owner Name DANNIE MASSIE	
Address 2648 WIND TIMOTHY ROAD		Phone # 630-922-3188	
City/State/Zip NAPCOVILLE IL 60564		Operator Name BETTY REYNOLDS	
Date of Accident 12/7/13		Time ?	Permit #
Ride/Attraction Name CLIFFHANGER		Manufacturer of Ride BARTON	
Event Name: WINTER WONDER FEST		Event Location: NAVY PIER	
Operator Training on File: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Did accident occur on ride? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Describe fully how accident occurred and state what injured was doing when the accident occurred: I AM NOT SURE ANYONE WAS INJURED ON RIDE AS THE ACCIDENT WAS NEVER REPORTED TO MY STAFF. FIRST TIME I HEARD ABOUT INJURY WAS FROM A LAWYER'S LETTER TO MY OFFICE. FAYE PORTER ALLEGES SHE WAS HURT ON HER BACK WHEN STAFF WAS LOCKING HER INTO SEAT.			
INJURED PATRON INFORMATION (please print)			
Did accident cause a fatality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Did accident require treatment by a physician? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did accident require first aid? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of hospital or care facility: N/A	
Injury as described by injured party: BACK INJURY		How was patron transported? NO	
Nature of injury and treatment: ALLEGED BACK INJURY, FILED IN COURT NOV 25, 2015			
Name of Injured: FAYE PORTER		Age:	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Address/City/State:			
Phone #:		Diagnosis:	
WITNESS INFORMATION (please print) Use additional sheet if required.			
Witness Name:			
Address:			
City/State/Zip:		Phone #:	
Witness Name:			
Address:			
City/State/Zip:		Phone #:	

Name of Owner/Agent Completing Report (PRINT)

DANNIE MASSIE

Signature of Person Completing Report

[Signature]

Signature Date

12/15/15

ILLINOIS CARNIVAL & AMUSEMENT RIDE DIVISION - ACCIDENT REPORT

Fax this form to (217)782-0596

Name of Amusement Company or Park ALPINE AMUSEMENT CO		Owner Name DONNIE MASSIE	
Address 2648 WILD TIMOTHY ROAD		Phone # 630-922-3188	
City/State/Zip NAPERVILLE IL 60564		Operator Name TONI BOOKER, WILAN SPANSON BERG	
Date of Accident DEC 5, 2015		Time 7:30 AM	Permit #
Ride/Attraction Name CLIFFHANGER		Manufacturer of Ride BARTON	
Event Name: WINTER WONDER FEST		Event Location: NAVY PIER	
Operator Training on File: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Did accident occur on ride? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Describe fully how accident occurred and state what injured was doing when the accident occurred: ATTACHED ON SECOND PAGE DESCRIBED IN EMAIL SENT 12/7/15 TO MARGARET ROYER.			
INJURED PATRON INFORMATION (please print)			
Did accident cause a fatality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Did accident require treatment by a physician? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did accident require first aid? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Name of hospital or care facility: N/A	
Injury as described by injured party: KNEES BANGED ON GROUND, ISSUED ICE PACKS		How was patron transported? NO	
Nature of injury and treatment: BOY FELL OFF SEAT WHEN RIDE JERKED AND FELL ON HIS KNEES ON THE FLOOR. WAS ISSUED ICE PACK. GIRL WAS RIDING WITH HIM BUT OPERATOR PULLED GIRL AWAY FROM RIDE WHEN IT MOVED.			
Name of Injured:		Age:	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Address/City/State:			
Phone #:		Diagnosis:	
WITNESS INFORMATION (please print) Use additional sheet if required.			
Witness Name: TONI BOOKER			
Address: 4620 HAAG DRIVE			
City/State/Zip: UNION GROVE WI 53182		Phone #: 331-209-9206	
Witness Name: WILAN SPANSON BERG (FORN LABOR)			
Address: 4620 HAAG DRIVE			
City/State/Zip: UNION GROVE, WI 53182		Phone #:	

Name of Owner/Agent Completing Report (PRINT)

DONNIE MASSIE

Signature of Person Completing Report

Donnie

Signature Date

12/15/15