



Texas Department of Insurance

Property & Casualty Program – Loss Control Regulation, Mail Code 103-9A
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[Signature] MAR 15 2012
TEXAS DEPT. OF INSURANCE
AMUSEMENT RIDE PROGRAM

**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: 3-14-12 TO: 3-14-12 Reporting for Techno Jump Incident only

OWNER/OPERATOR (INSURED) Ray Cammack Shows, Inc.

ADDRESS P.O. Box 10 Laveen, AZ 85339

SIGNATURE OF OWNER/OPERATOR _____

¹ 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.

Date of Injury: 3-14-12

Amusement Ride Name: Techno Jump Serial No: 3700018
(if applicable to identification of ride)

Sex/Age of Injured Person: Female 3 years old Name of Injured: [REDACTED]
(optional)

Body Part Injured: Head

Description/Type of Injury: Mother stated that [REDACTED] has a concussion and head abrasions.

Cause of Injury: [REDACTED] fell from the Techno Jump.

Other Circumstances - if appropriate: [REDACTED] was riding with her brother under her mother's observation. She met the ride height requirements.