

Off-highway Vehicle Accident Report

| | |
|-------------------|------------------|
| Date of Accident: | Time _____ Hours |
| Date of Report: | Time _____ Hours |

| | | |
|-----------------------|--------------|-------|
| County: | Agency Code: | Case# |
| Location of Accident: | | |

UNIT ONE

| OPERATOR INFORMATION | | | | | OWNER INFORMATION | | | | | |
|----------------------|------|-------|-------|-------|-------------------|----|-----|-----|----|--|
| Name: | | | | | Name: | | | | | |
| Address: | | | | | Address: | | | | | |
| Phone: | | | | | Insurance: | | | | | |
| DOB: | | SSN | | M F | Policy #: | | | | | |
| VIN# | | | | | Registration #: | | | | | |
| YEAR | MAKE | MODEL | STYLE | COLOR | TYPE: | MC | ATV | UTV | cc | |

| PASSANGER (Unit 1) | | | | PASSANGER (Unit 1) | | | |
|--------------------|----------------------|-----------------|-----------------|--------------------|----------------------|-----------------|-----------------|
| Name: | | | | Name: | | | |
| Address: | | | | Address: | | | |
| Phone: | | DOB: | | Phone: | | DOB: | |
| Helmet Y / N | Seat Belt Y / N | | | Helmet Y / N | Seat Belt Y / N | | |
| Injury Y / N | Transported Y / N | Transported To: | | Injury Y / N | Transported Y / N | Transported To: | |
| Fatality Y / N | | | Transported By: | Fatality Y / N | | | Transported By: |

| PASSANGER (Unit 1) | | | | PASSANGER (Unit 1) | | | |
|--------------------|----------------------|-----------------|-----------------|--------------------|----------------------|-----------------|-----------------|
| Name: | | | | Name: | | | |
| Address: | | | | Address: | | | |
| Phone: | | DOB: | | Phone: | | DOB: | |
| Helmet Y / N | Seat Belt Y / N | | | Helmet Y / N | Seat Belt Y / N | | |
| Injury Y / N | Transported Y / N | Transported To: | | Injury Y / N | Transported Y / N | Transported To: | |
| Fatality Y / N | | | Transported By: | Fatality Y / N | | | Transported By: |

67-7111. ACCIDENT RESULTING IN PERSONAL INJURIES OR PROPERTY DAMAGE. The operator of any snowmobile or OHV involved in any accident resulting in injuries to or death to any person or property damage to property other than the operator's snowmobile or OHV in the estimated amount of two hundred dollars (\$200) or more. For any accident occurring on a highway or public roadway, the owner, the operator, or both shall be subject to the provisions of section [49-2417](#), Idaho Code

| PASSANGER (Unit 1) | | | | PASSANGER (Unit 1) | | | |
|--------------------|--|-------------|-----------------|--------------------|--|------------|-----------------|
| Name: | | | | Name: | | | |
| Address: | | | | Address: | | | |
| Phone: | | DOB: | | Phone: | | DOB: | |
| Helmet | | Seat Belt | | Helmet | | Seat Belt | |
| Y / N | | Y / N | | Y / N | | Y / N | |
| Injury | | Transported | Transported To: | Injury | | ransported | Transported To: |
| Y / N | | Y / N | | Y / N | | Y / N | |
| Fatality | | | Transported By: | Fatality | | | Transported By: |
| Y / N | | | | Y / N | | | |

UNIT TWO

| OPERATOR INFORMATION | | | | OWNER INFORMATION | | | | | |
|----------------------|------|-------|-------|-------------------|-------|----|-----|-----|----|
| Name: | | | | Name: | | | | | |
| Address: | | | | Address: | | | | | |
| Phone: | | | | Insurance: | | | | | |
| DOB: | SSN | | M F | Policy #: | | | | | |
| VIN# | | | | Registration #: | | | | | |
| YEAR | MAKE | MODEL | STYLE | COLOR | TYPE: | MC | ATV | UTV | cc |

| PASSANGER (Unit 2) | | | | PASSANGER (Unit 2) | | | |
|--------------------|--|-------------|-----------------|--------------------|--|------------|-----------------|
| Name: | | | | Name: | | | |
| Address: | | | | Address: | | | |
| Phone: | | DOB: | | Phone: | | DOB: | |
| Helmet | | Seat Belt | | Helmet | | Seat Belt | |
| Y / N | | Y / N | | Y / N | | Y / N | |
| Injury | | Transported | Transported To: | Injury | | ransported | Transported To: |
| Y / N | | Y / N | | Y / N | | Y / N | |
| Fatality | | | Transported By: | Fatality | | | Transported By: |
| Y / N | | | | Y / N | | | |

| PASSANGER (Unit 2) | | | | PASSANGER (Unit 2) | | | |
|--------------------|--|-------------|-----------------|--------------------|--|------------|-----------------|
| Name: | | | | Name: | | | |
| Address: | | | | Address: | | | |
| Phone: | | DOB: | | Phone: | | DOB: | |
| Helmet | | Seat Belt | | Helmet | | Seat Belt | |
| Y / N | | Y / N | | Y / N | | Y / N | |
| Injury | | Transported | Transported To: | Injury | | ransported | Transported To: |
| Y / N | | Y / N | | Y / N | | Y / N | |
| Fatality | | | Transported By: | Fatality | | | Transported By: |
| Y / N | | | | Y / N | | | |

| PASSANGER (Unit 2) | | | | PASSANGER (Unit 2) | | | |
|--------------------|--|-------------|-----------------|--------------------|--|-------------|-----------------|
| Name: | | | | Name: | | | |
| Address: | | | | Address: | | | |
| Phone: | | DOB: | | Phone: | | DOB: | |
| Helmet | | Seat Belt | | Helmet | | Seat Belt | |
| Y / N | | Y / N | | Y / N | | Y / N | |
| Injury | | Transported | Transported To: | Injury | | Transported | Transported To: |
| Y / N | | Y / N | | Y / N | | Y / N | |
| Fatality | | | Transported By: | Fatality | | | Transported By: |
| Y / N | | | | Y / N | | | |

Weather Conditions

Temperature

Visibility

| | | | | |
|--------|------|---------------|-------|------|
| Clear | Rain | | Day | Good |
| Cloudy | Snow | (approximate) | Night | Fair |
| Fog | Hazy | | | Poor |

Contributing Circumstance

Weather Condition Restricted Vision Alcohol
 Faulty Equipment Excessive Speed Drugs
 Operator Inattention Operator inexperience

Other: _____

| | | | | |
|-----------------|---|-------------------------------|-------------|--------------------|
| Y | N | BAC Taken | BAC Results | PROPERTY OWNERSHIP |
| \$ | | Property Damage (approximate) | | |
| \$ | | Damage Unit 1 | \$ | Damage Unit 2 |
| Citation Issued | | Citation | | |
| Y | N | | | |

Sketch of Accident Scene
(Not to Scale)

Synopsis:

Officer: _____

Approved by: _____

Photos Taken? Yes No

