Off-highway Vehicle Accident Report

Date of Accident:							Time				Hours		
Date of Report:							Time				Hours		
County: Agency Co						ode: Case#							
Location of A	Accident:				1		1						
UNIT OF	NE				OVALED (VICEO VICEO VICE								
OPERATOR INFORMATION Name:						OWNER INFORMATION Name:							
Address:						Address:							
Phone:						Insurance:							
DOB:	DOB: SSN M F					Policy #:							
VIN#						Registration #:							
YEAR	MAKE	M	DEL	STYLE		COLOR	TYPE:	MC	ATV	UTV	СС		
		PASSA	IGER (Unit 1)			PASSANGER (Unit 1)							
Name:						Name:							
Address:						Address:							
Phone:	: DOB:				Phone: DOB:								
Helmet		Seat Be	t			Helmet	Seat Belt						
Y / N		Y /				Y / N	Y / N	N					
Injury		Fransporte		ed To:		Injury	ransported						
Y / N Fatality		Y /	Transport	ed Bv:		Y / N Fatality	Y / N	Transpo	rted Bv:				
Y / N						Y / N							
		I				· · · · · · · · · · · · · · · · · · ·	I				-		
Name:		PASSA	IGER (Unit 1)		PASSANGER (Unit 1) Name:								
Address:						Address:							
Phone:			DOB:			Phone:		DOB:					
Helmet		Seat Be	t			Helmet	Seat Belt	Seat Belt					
Y / N Injury		Y /	N Transport	ad To:		Y / N Injury	Y / N Transported Transported To:						
			-	eu IU.									
Y / N Fatality		Υ /	Transport	ed By:		Y / N Fatality	Y / N	Transpo	rted Bv:				
Y / N						Y / N			,				
													

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	d To:		Injury	ransported		orted To:			
Y / N		Y / N				Y / N	Y / N					
Fatality			Transported	d By:		Fatality		Transpo	orted By:			
Y / N						Y / N						
UNIT TV	vo											
		OPERATOR I	NFORMATION	N	OWNER INFORMATION							
Name:						Name:						
Address:						Address:						
Phone:					Insurance:							
DOB:	DOB: SSN M F						Policy #:					
VIN#					Registration #:							
YEAR	MAKE	MOD	EL S	TYLE		COLOR	TYPE:	MC	ATV	UTV	СС	
		DASSANG	FR (Linit 2)			PASSANG	ED (Linit	2)		•		
PASSANGER (Unit 2) Name:						Name:	PASSAING	ILK (OIIIC	<u> </u>			
Address:						Address:						
Phone:	Phone: DOB:					Phone:		DOB:				
Helmet		Seat Belt				Helmet	Seat Belt					
Y / N		Y / N				Y / N	Y / N					
Injury		Fransported	Transported	d To:		Injury	ransported	Transpo	rted To:			
Y / N		Y / N				Y / N	Y / N					
Fatality			Transported	l By:		Fatality		Transpo	orted By:			
Y / N						Y / N						
		PASSANG	ER (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	d To:		Injury	ransported	Transpo	orted To:			
Y / N		Y / N	-	l D		Y / N	Y / N					
Fatality			Transported	і Ву:		Fatality		Transpo	orted By:			
Y / N	1	I				y / N	1					

Name: Address: Address: Phone: DOB: Phone:						
Phone: DOB: Phone:	Address:					
	DOB:					
Helmet Seat Belt Helmet Seat B	Seat Belt					
Y / N						
	ted Transported To:					
//N	N					
Fatality Transported By: Fatality	Transported By:					
/ / N	,					
	Visibility					
Clear Rain Day Cloudy Snow (approximate) Night	Good					
Cloudy Snow (approximate) Night Fog Hazy	Fair Poor					
ontributing Circumstance						
Weather Condition Restricted Vision Alcohol						
Faulty Equipment Excessive Speed Drugs						
Operator Inattention Operator inexperience						
Other:						
\$ Property Damage (approximate)						
\$ Damage Unit 1 \$ Damage Unit 2						
Citation Issued Citation						
Citation 133ded Citation						
Y N						
Y N Sketch of Accident Scene						
Y N						
Y N Sketch of Accident Scene						
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Synopsis:	
Officer:	_
Approved by:	<u>_</u>

Photos Taken? Yes No





