

Off-Highway Vehicle & Snowmobile Accident Report



Date of Accident:						Time		Hours	
Date of Report:						Time		Hours	
County:				Agency Code:		Case#			
Location of Accident:									
UNIT ONE INFORMATION					UNIT ONE OWNER INFORMATION				
YEAR		MAKE		MODEL		COLOR		Name:	
VIN#					Address:				
SNO	SNO-Bike	MB	SOHV	UTV	ATV	cc	Insurance: Y / N Policy #:		
OPERATOR (Unit 1)					PASSENGER (Unit 1)				
Name:					Name:				
Address:					Address:				
DL # or SSN:					DL # or SSN:				
Phone:			DOB:		Phone:			DOB:	
Helmet		Seat Belt					Helmet		Seat Belt
Y / N		Y / N					Y / N		Y / N
Injury		Transported		Transported To:			Injury		Transported
Y / N		Y / N					Y / N		Y / N
Fatality				Transported By:			Fatality		
Y / N							Y / N		
PASSENGER (Unit 1)					PASSENGER (Unit 1)				
Name:					Name:				
Address:					Address:				
DL # or SSN:					DL # or SSN:				
Phone:			DOB:		Phone:			DOB:	
Helmet		Seat Belt					Helmet		Seat Belt
Y / N		Y / N					Y / N		Y / N
Injury		Transported		Transported To:			Injury		Transported
Y / N		Y / N					Y / N		Y / N
Fatality				Transported By:			Fatality		
Y / N							Y / N		
PASSENGER (Unit 1)					PASSENGER (Unit 1)				
Name:					Name:				
Address:					Address:				
DL # or SSN:					DL # or SSN:				
Phone:			DOB:		Phone:			DOB:	
Helmet		Seat Belt					Helmet		Seat Belt
Y / N		Y / N					Y / N		Y / N
Injury		Transported		Transported To:			Injury		Transported
Y / N		Y / N					Y / N		Y / N
Fatality				Transported By:			Fatality		
Y / N							Y / N		

UNIT TWO INFORMATION							UNIT TWO OWNER INFORMATION						
YEAR		MAKE		MODEL		COLOR	Name:						
VIN#							Address:						
SNO	SNO-Bike	MB	SOHV	UTV	ATV	cc	Insurance: Y / N Policy #:						
OPERATOR (Unit 2)							PASSENGER (Unit 2)						
Name:							Name:						
Address:							Address:						
DL # or SSN:							DL # or SSN:						
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						
PASSENGER (Unit 2)							PASSENGER (Unit 2)						
Name:							Name:						
Address:							Address:						
DL # or SSN:							DL # or SSN:						
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						
PASSENGER (Unit 2)							PASSENGER (Unit 2)						
Name:							Name:						
Address:							Address:						
DL # or SSN:							DL # or SSN:						
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

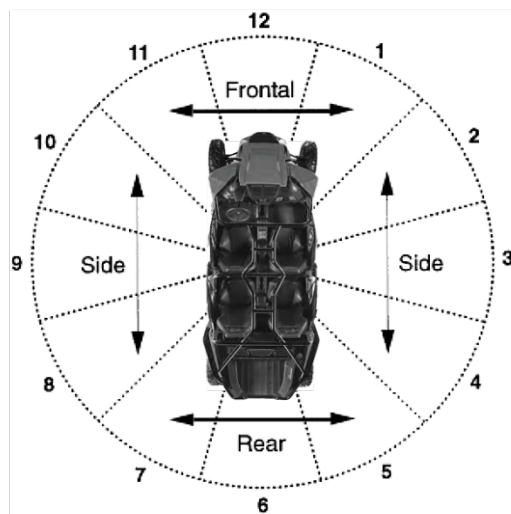
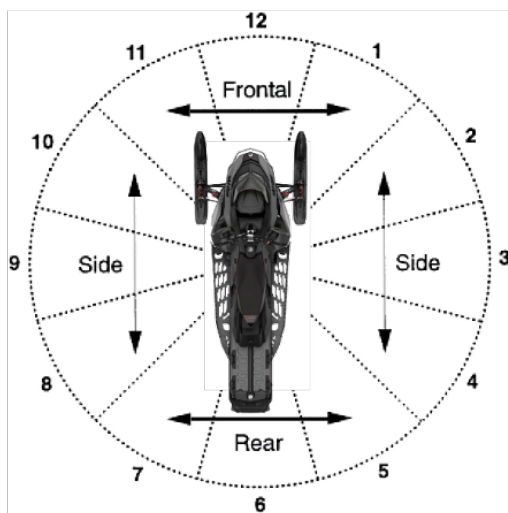
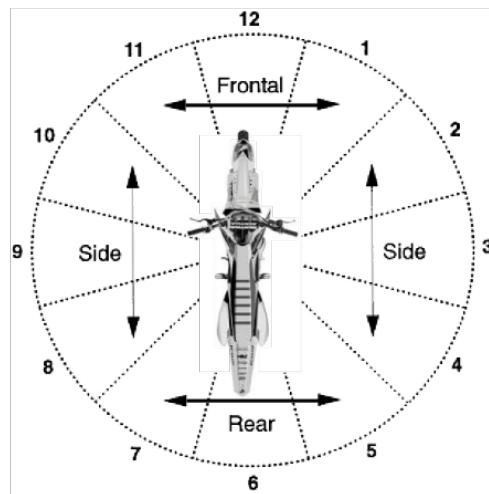
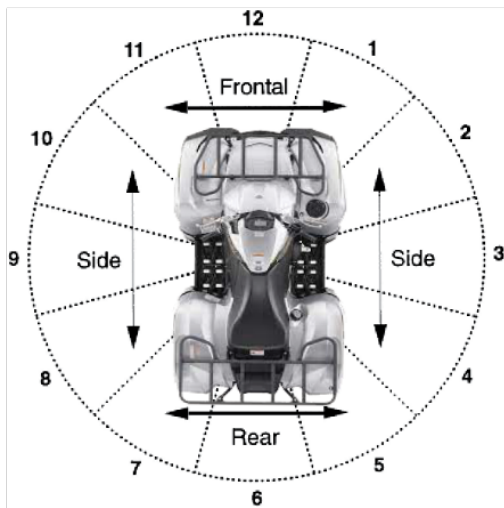
Other: _____

	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



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
 E-Mail completed for to: OHVEducation@idpr.idaho.gov