Off-Highway Vehicle & Snowmobile Accident Report

| | | | • | | , | | | | IDAHO | |
|-------------------|-----------|-------------------|---------|--------------|----------|----------|--------------------|----------------------|-----------------|-------|
| Date of A | | | | | | | | Time | TEGREATION | Hours |
| Date of Re | eport: | | | | | | | Time | | Hours |
| County: | | | | | | Agency C | ode: | Case# | | |
| ocation of | Accident: | | | | | | | | | |
| YEAR | | UNIT OF MAKE | | RMATION | 6016 | ND. | I Name : | UNIT ONE OWNE | R INFORMATION | |
| TEAN | | IVIANE | IVIC | DDEL | COLO |)K | Name: | | | |
| VIN# | I | | I | | I | | Address: | | | |
| CNIO | T cauc an | LNAD | | LITY | L ATV | 1 | | | | |
| SNO | SNO-Bike | MB : | SOHV | UTV | ATV | СС | Insurance: Y / | N Policy #: | | |
| | | OPER | ATOR (L | Init 1) | | | Company: | PASSENGE | R (Unit 1) | |
| Name: | | OFER | 71017 | JIIIC 1) | | | Name: | PASSENGE | in (Offic 1) | |
| | | | | | | | | | | |
| Address: | | | | | | | Address: | | | |
| | | | | | | | | | | |
| DL # or SS | SN: | | | | | | DL # or SSN: | | | |
| | | | | | | | | | | |
| Phone: | | | DO | В: | | | Phone: | | DOB: | |
| Helmet | : 1 | Seat Be | elt | | | | Helmet | Seat Belt | | |
| | | Υ / | | | | | Y / N | Y / N | | |
| Y / N Injury | • | | | nsported T | o: | | Injury | Transported | Transported To: | |
| Y / N | | Υ / | N | | | | Y / N | Y / N | | |
| Fatality | | | Tra | insported B | y: | | Fatality | | Transported By: | |
| Y / N | | | | | | | Y / N | | | |
| Name: | | PASSE | NGER (I | Jnit 1) | | | Name: | PASSENGE | R (Unit 1) | |
| Name. | | | | | | | ivairie. | | | |
| Address: | | | | | | | Address: | | | |
| DL # or SS | SN: | | | | | | DL # or SSN: | | | |
| | | | | | | | | | | |
| Phone: | | | DO | В: | | | Phone: | | DOB: | |
| Helmet | <u> </u> | Seat Be | lt | | | | Helmet | Seat Belt | | |
| | | Υ / | | | | | | Y / N | | |
| Y / N Injury | ' | Transporte | ed Tra | nsported To | o: | | Y / N Injury | Transported | Transported To: | |
| Y / N | | Υ / | N | | | | Y / N | Y / N | | |
| Fatality | | | Tra | nsported B | y: | | Fatality | | Transported By: | |
| Y / N | | | | | | | Y / N | | | |
| | | PASSE | NGER (I | Jnit 1) | | | PASSENGER (Unit 1) | | | |
| Name: | | | | | | | Name: | | | |
| Address: | | | | | | | Address: | | | |
| DL # or SS | SN: | | | | | | DL # or SSN: | | | |
| Phone: | | | DO | B: | | | Phone: | | DOB: | |
| | | | | | | | | | 505. | |
| Helmet | | Seat Be | | | | | Helmet | Seat Belt | | |
| Y / N Injury | ı | Y / Transporte | N Tra | nsported To | . | | Y / N Injury | Y / N Transported | Transported To: | |
| | | • | | iisporteu II | . | | | · | Transported to. | |
| Y / N Fatality | | Υ / | Tra | nsported B | y: | | Y / N Fatality | Y / N | Transported By: | |
| Y / N | | | | | • | | Y / N | | | |
| . , | 1 | 1 | 1 | | | | ' / ' | 1 | 1 | |

| UNIT TWO INFORMATION | | | | | | UNIT TWO OWNER INFORMATION | | | | | | |
|----------------------|---------|---------|--------|-----------|-------------|----------------------------|------------------------------|-------------------|-------------------|-----------------|--|--|
| YEAR | | MAKE | | MOI | DEL | COL | OR | Name: | | | | |
| VIN# | | | | | | • | Address: | | | | | |
| SNO | SNO-Bik | е МВ | SOF | łV | UTV | ATV | СС | Insurance: Y / | N Policy #: | | | |
| OPERATOR (Unit 2) | | | | | | | Company: PASSENGER (Unit 2) | | | | | |
| Name: | | | LIVATO |) N (OI | 110 2) | | | Name: | FASSLINGE | K (Offic 2) | | |
| | | | | | | | | | Nume. | | | |
| Address: | | | | | | | Address: | | | | | |
| | | | | | | | DL # or SSN: | | | | | |
| Phone: | | | | DOB | | | | Phone: | | loop. | | |
| riione. | | | | БОВ | ٠. | | | Priorie: | | DOB: | | |
| Helmet | | | Belt | | | | | Helmet | Seat Belt | | | |
| Y / N | | Y / | N | | | | | Y / N Injury | Y / N | | | |
| Injury | | | | iran | sported To | : | | | Transported | Transported To: | | |
| Y / N | | Υ / | N | | | | | Y / N | Y / N | | | |
| Fatality | | | | Tran | sported By | : | | Fatality | | Transported By: | | |
| Y / N | | | | | | | | Y / N | | | | |
| Maria | | PAS | SSENG | ER (U | nit 2) | | | Name | PASSENGE | R (Unit 2) | | |
| Name: | | | | | | | | Name: | | | | |
| Address: | | | | | | | | Address: | | | | |
| DL # or SS | :N: | | | | | | | DL # or SSN: | | | | |
| DE 11 01 33 | | | | | | | | DE # 01 3314. | | | | |
| Phone: | | | | DOB | : | | | Phone: | | DOB: | | |
| Helmet | 1 | Seat | Relt | | | | | Helmet | Seat Belt | | | |
| | | | | | | | | | | | | |
| Y / N Injury | | Y / | N | Tran | sported To: | | | Y / N Injury | Y / N Transported | Transported To: | | |
| | | | | | | | | | | | | |
| Y / N Fatality | | Y / | N | Tran | sported By: | | | Y / N Fatality | Y / N | Transported By: | | |
| | | | | i i a i i | sported by. | | | | | Transported by. | | |
| Y / N | | DAG | SSENG | ED /II | nit 2\ | | | Y / N | PASSENGE | P. (Lini+ 2) | | |
| Name: | | ra. | SSLING | LN (U | 1111 2) | | | Name: | PASSENGE | K (Offic 2) | | |
| ivaille. | | | | | | | | ivaille. | | | | |
| Address: | | | | | | | Address: | | | | | |
| DL # or SSN: | | | | | | | DL # or SSN: | | | | | |
| Phone: | | | | DOB: | | | | Phone: | | DOB: | | |
| | | | | | | | | | | DOB. | | |
| Helmet | | Seat | Belt | | | | | Helmet | Seat Belt | | | |
| Y / N Injury | | Y / | N | | | | | Y / N Injury | Y / N | | | |
| | | Transpo | rted | Iran | sported To: | | | | Transported | Transported To: | | |
| Y / N | | Υ / | N | | | | | Y / N | Y / N | | | |
| Fatality | | | T | Tran | sported By: | | | Fatality | | Transported By: | | |
| Y / N | | | | | | | | Y / N | | | | |

| Weather Cond | itions | Temp | erature | Visibility | | |
|-----------------|---|--|----------------|------------|----------------|--|
| Clear | Rain | | | Day | Good | |
| Cloudy | Snow | (approxii | mate) | Night | Fair | |
| Fog | Hazy | | | | Poor | |
| Faulty E | ircumstance or Condition equipment or Inattention | Restricted Vision Excessive Speed Operator inexperienc | Alcohol Drugs | | | |
| Y N | BAC Taken Property Damage | BAC Results e (approximate) | | PROF | ERTY OWNERSHIP | |
| \$ | Damage Unit 1 | \$ | Damage Unit 2 | | | |
| | | , | | | | |
| Citation Issued | Citation | | | | | |
| Y N | | | | | | |
| Synopsis: | | | (Not to Scale) | | | |
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Officer:______ Approved by:______ Photos Taken? Yes

No







