



ATV law requires report to be submitted within seven days. Complete all applicable sections or form will be returned.

## SNOWMOBILE/ATV ACCIDENT REPORT

1. TIME AND PLACE OF ACCIDENT				
Date of Accident	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	State	Township	County
Accident Location (Name and address of property owner, Name of trail or area)			Type of Terrain	
			<input type="checkbox"/> Lake	<input type="checkbox"/> Woods
			<input type="checkbox"/> Railroad	<input type="checkbox"/> Field
			<input type="checkbox"/> Trail-State Owned Land	<input type="checkbox"/> Roadway
			<input type="checkbox"/> Trail-Private Owned Land	
2. VEHICLE DATA				
DRIVER 1 Name (first, middle, last)		DRIVER 2 Name (first, middle, last)		
Address		Address		
Birthdate Mo. Dy. Yr.	License No.	State	Sex	
Reg. No.		State	Expiration Date	
OHRV-1		OHRV-1		
Owner Name		Owner Name		
Address		Address		
Vehicle	Type:			
Make	ATV-3 Wheel <input type="checkbox"/>	Snowmobile <input type="checkbox"/>		
	ATV-4 Wheel <input type="checkbox"/>	Other <input type="checkbox"/>		
Serial No.		Serial No.		
Model	Yr. Of Mfg.	Horsepower	Color	
Describe Damage to Your Vehicle		Describe Damage to Your Vehicle		
Approximate Cost to Repair		Approximate Cost to Repair		
Operator Experience: (years) Less than 1 <input type="checkbox"/>		Operator Experience: (years) Less than 1 <input type="checkbox"/>		
1-5 <input type="checkbox"/> More than 6 <input type="checkbox"/>		1-5 <input type="checkbox"/> More than 6 <input type="checkbox"/>		
3. WEATHER CONDITIONS				
A. Weather <input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other <input type="checkbox"/>		B. Visibility <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		C. Surface <input type="checkbox"/> Snow <input type="checkbox"/> Gravel <input type="checkbox"/> Other <input type="checkbox"/>
<input type="checkbox"/> Foggy <input type="checkbox"/> Snowing		<input type="checkbox"/> Dirt <input type="checkbox"/> Ice <input type="checkbox"/> Pavement		
4. OPERATION AT TIME OF ACCIDENT				
A. <input type="checkbox"/> Moving <input type="checkbox"/> Not moving	B. Number of persons on Vehicle 1 _____ Vehicle 2 _____	C. Wearing Helmet <input type="checkbox"/> Yes <input type="checkbox"/> No	D. Wearing Face Shield or Goggles? <input type="checkbox"/> Yes <input type="checkbox"/> No	E. Lights <input type="checkbox"/> On <input type="checkbox"/> Off
5. TYPE, NATURE OR CLASSIFICATION OF ACCIDENT				
A. Fell or thrown off <input type="checkbox"/>	B. Skidding and overturned <input type="checkbox"/>	C. Collision with person <input type="checkbox"/>	D. Collision with motor vehicle <input type="checkbox"/>	E. Collision with another snowmobile/ATV <input type="checkbox"/>
F. Collision with a fixed object <input type="checkbox"/>	G. Clothing or extremity caught <input type="checkbox"/>	H. Ice breakthrough <input type="checkbox"/>	I. Struck hidden object in snow <input type="checkbox"/>	J. Drop Off: <input type="checkbox"/> cliff <input type="checkbox"/> ditch <input type="checkbox"/> embankment
K. Other:	L. Number of deaths _____	M. Number of personal injuries _____	N. Property damage:	
			Your Vehicle	Other Vehicle
			\$	\$
			1. Snowmobiles/ATV or motor vehicles	
			2. Damage to Other Property (Describe on reverse)	\$

6. Give a brief, but clear description of the accident. Use additional sheets if necessary. (Draw a sketch of the accident.)

**7. LIVES LOST**

A. List Name and Addresses

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. PERSONS INJURED**

A. List Names: Nature and extent of injury, include part of body

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. PROPERTY DAMAGE**

A. Describe property damage, include name and address of owner:

**10. WITNESS**

List names and addresses of all known witnesses

Name Address

**11. PERSONS ON SNOWMOBILE/ATV (other than operator)**

Name Address Age

**12. ASSISTANCE FURNISHED**

List known Police, Fire Dept., Rescue Squads, etc.  
Address

13. If accident occurred on a State Township Road, was the road designated and posted "Open to snowmobiles" and/or ATV's

Yes  No

14. Did driver(s) complete a Pennsylvania Safety Training Program?  Yes  No

To the best of my knowledge and belief, the description and statements made herein are true and correct.

Operator's Signature

Date

Telephone Number

**Please complete all Applicable Sections**

**Mail report to:**

DCNR, Bureau of Forestry  
Division of Operations and Recreation  
Recreation Section  
P.O. Box 8552  
Harrisburg, PA 17105-8552

(717) 783-7941