

DEPARTMENT OF MOTOR VEHICLES
 Agency of Transportation
 dmv.vermont.gov

 120 State Street
 Montpelier, Vermont 05603-0001
 802.828.2000

TYPE OF CRASH REPORT: **SNOWMOBILE CRASH REPORT** **ATV CRASH REPORT**

The operator of a snowmobile or ATV involved in an CRASH which results in death or injury to any person, or damage to property in excess of \$500.00 (not including the damage to your snowmobile or ATV) must contact a law enforcement officer immediately and must make a report on this form (within 72 hours) to the DMV. You must file this report even if your snowmobile or ATV was parked at the time of the CRASH. Complete all of the fields below; if not applicable, enter "N/A", if unknown, enter "UK".

DATE OF CRASH		DAY OF WEEK		TIME OF DAY		DEPT. USE ONLY:	DMV CASE NUMBER		
				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.					
EXACT LOCATION OF CRASH (STREET, ROAD, RESIDENCE – BE SPECIFIC, INCLUDE PROPERTY OWNER'S NAME)									
CITY/TOWN WHERE CRASH OCCURRED			WITHIN CITY LIMITS?		COUNTY WHERE CRASH OCCURRED				
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN						
VEHICLE #1 (YOUR VEHICLE)					VEHICLE #2 (OTHER VEHICLE)				
NAME OF OPERATOR: FIRST, MIDDLE, LAST					NAME OF OPERATOR: FIRST, MIDDLE, LAST				
OPERATOR'S MAILING ADDRESS: STREET / RD / BOX and CITY / STATE / ZIP					OPERATOR'S MAILING ADDRESS: STREET / RD / BOX and CITY / STATE / ZIP				
DATE OF BIRTH: MM/DD/YYYY AGE SOCIAL SECURITY NUMBER					DATE OF BIRTH: MM/DD/YYYY AGE SOCIAL SECURITY NUMBER				
LICENSE NUMBER		STATE	DRIVING EXPERIENCE		LICENSE NUMBER		STATE	DRIVING EXPERIENCE	
			YRS.	MOS.				YRS. MOS.	
REGISTRATION #		STATE	HELMET WORN?		REGISTRATION #		STATE	HELMET WORN?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
VEHICLE MAKE	VEHICLE MODEL	VEH. YEAR	EST. SPEED		VEHICAL MAKE	VEHICLE MODEL	VEH. YEAR	EST. SPEED	
			MPH					MPH	
VEHICLE IDENTIFICATION NUMBER					VEHICLE IDENTIFICATION NUMBER				
VEHICLE OWNER'S NAME (IF DIFFERENT THAN OPERATOR)					VEHICLE OWNER'S NAME (IF DIFFERENT THAN OPERATOR)				
OWNER'S MAILING ADDRESS: STREET / RD / BOX and CITY / STATE / ZIP					OWNERS'S MAILING ADDRESS: STREET / RD / BOX and CITY / STATE / ZIP				
DESCRIBE DAMAGE TO VEHICLE					DESCRIBE DAMAGE TO VEHICLE				
EST. REPAIR COST		VEHICLE REMOVED BY			EST. REPAIR COST		VEHICLE REMOVED BY		
\$					\$				
VEHICLE TAKEN TO					VEHICLE TAKEN TO				
PASSENGER DATA – THE INFORMATION BELOW IS REQUIRED FOR YOURSELF AND ALL PERSONS IN/ON ALL VEHICLES									
PASSENGER NAME	PASSENGER ADDRESS: STREET / RD / BOX and CITY / STATE / ZIP		NATURE & EXTENT OF INJURIES (STATE "NONE" IF NOT INJURED)		NAME OF HOSPITAL TAKEN TO	VEH. #	AGE	GEN- DER	HELMET WORN?
									<input type="checkbox"/> YES <input type="checkbox"/> NO
									<input type="checkbox"/> YES <input type="checkbox"/> NO
									<input type="checkbox"/> YES <input type="checkbox"/> NO
									<input type="checkbox"/> YES <input type="checkbox"/> NO

PEDESTRIAN DATA - COMPLETE ONLY IF A PEDESTRIAN WAS INVOLVED IN THE CRASH

<input type="checkbox"/> Walking with Traffic	<input type="checkbox"/> Getting on/off Vehicle	PEDESTRIAN'S NAME		DATE OF BIRTH (MM/DD/YYYY)	AGE	GENDER
<input type="checkbox"/> Walking against Traffic	<input type="checkbox"/> Pushing Vehicle					
<input type="checkbox"/> Not in Roadway	<input type="checkbox"/> Working on Vehicle	PEDESTRIAN'S ADDRESS STREET / RD / BOX and CITY / STATE / ZIP				
<input type="checkbox"/> Crossing at Intersection	<input type="checkbox"/> Unknown					
<input type="checkbox"/> Crossing not at Intersection	<input type="checkbox"/> Other (explain):	EXTENT OF INJURY			TYPE OF CLOTHING	
<input type="checkbox"/> Playing in Road					<input type="checkbox"/> Bright <input type="checkbox"/> Medium <input type="checkbox"/> Dark	

YOUR VEHICLE COLLIDED WITH (FIRST ACTION)	LOCATION TYPE	TRAIL DESIGN	WEATHER CONDITION	LIGHT CONDITION	SPEED OF VEHICLE
<input type="checkbox"/> Pedestrian <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> RR Train <input type="checkbox"/> Wild Animal <input type="checkbox"/> Domestic Animal <input type="checkbox"/> Snowmobile <input type="checkbox"/> ATV <input type="checkbox"/> Guardrail and/or Curb <input type="checkbox"/> Tree <input type="checkbox"/> Pole/Sign <input type="checkbox"/> Fence <input type="checkbox"/> Ledge/Boulder <input type="checkbox"/> Overturned <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Blacktop Road <input type="checkbox"/> Dirt Road <input type="checkbox"/> Approved Trail <input type="checkbox"/> River/Pond/Lake <input type="checkbox"/> Other (explain) CONTROL SIGNALS <input type="checkbox"/> Stop Sign <input type="checkbox"/> Yield Sign <input type="checkbox"/> Trail Markings <input type="checkbox"/> Special Signs	<input type="checkbox"/> Up/Down Hill <input type="checkbox"/> Top of Hill <input type="checkbox"/> Bottom of Hill <input type="checkbox"/> Level <input type="checkbox"/> Straight <input type="checkbox"/> Slight Curve <input type="checkbox"/> Sharp Curve <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Foggy <input type="checkbox"/> Hailing <input type="checkbox"/> Cloudy Only <input type="checkbox"/> Sleetng <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dark <input type="checkbox"/> Other (explain):	<div style="border: 1px solid black; width: 100px; height: 80px; margin: 0 auto;"></div> MPH
WAS THIS CRASH INVESTIGATED BY AN OFFICER? <input type="checkbox"/> YES <input type="checkbox"/> NO			NAME OF INVESTIGATING OFFICER 		
			DEPARTMENT 		

WITNESS INFORMATION - DO NOT LIST PASSENGERS ON THE INVOLVED VEHICLES

WITNESS'S NAME	WITNESS'S ADDRESS

DAMAGES TO PROPERTY OTHER THAN THE INVOLVED VEHICLES

DESCRIBE PROPERTY DAMAGE	OWNER'S NAME	OWNER'S ADDRESS	EST. REPAIR COST
			\$
			\$

WAS LIABILITY INSURANCE COVERING YOUR VEHICLE IN EFFECT AT THE TIME OF THE CRASH? YES NO

NAME OF INSURANCE COMPANY: _____

ADDRESS (STREET): _____

ADDRESS (CITY/STATE/ZIP): _____

INSURANCE POLICY NUMBER: _____

DESCRIBE THE CRASH IN YOUR OWN WORDS IN THE AREA BELOW:

SIGNATURE OF OPERATOR	DATE