



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"/> Fair <input type="checkbox"/> Poor		<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"/>		L. Number of deaths _____														
B. Skidding and overturned <input type="checkbox"/>		M. Number of personal injuries _____														
C. Collision with person <input type="checkbox"/>		N. Property damage:														
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:																
		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;">Your Vehicle</td> <td style="width: 10%; text-align: center;">Other Vehicle</td> <td style="width: 30%;"></td> </tr> <tr> <td>1. Snowmobiles/ATV or motor vehicles</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td>2. Damage to Other Property (Describe on reverse)</td> <td style="text-align: center;">\$</td> <td></td> <td></td> </tr> </table>				Your Vehicle	Other Vehicle		1. Snowmobiles/ATV or motor vehicles	\$	\$		2. Damage to Other Property (Describe on reverse)	\$		
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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