

Iowa Department of Natural Resources

502 East 9th Street

Des Moines IA 50319-0034

OPERATOR'S INCIDENT REPORT

Snowmobile ATV

Complete all blocks. Indicate items not applicable by "NA."

Agency Case # _____

Whenever any snowmobile/ATV is involved in an incident resulting in injury or death to anyone, or property damage amounting to \$1000.00 or more the operator shall file with the Department of Natural Resources a report of the incident within 48 hours. If the operator is unable, then someone acting for him/her may file.

1. Registration No. Make C.C. Year

2. Date of Incident Time Rented Machine Privately Owned Demonstrator

3. Location of Incident: County Nearest Town Name of Area River Lake Public Land Field Private Land Public Road Right of Way Ditch Traveled Portion Groomed Trail

4. Total Property Damage \$ Machine & Other 5. Personal Injury on this Machine: 6. Fatality on This Machine:

7. Owner's Name Address City State Zip

8. Driver's Name Date of Birth Sex Address City State Zip

9. Was Driver Wearing a Helmet? Was Driver Wearing Goggles or Visor?

10. Experience in Operating Snowmobiles/ATVs: Days Months Years

11. Passenger's Name Age Sex Address City State Zip

12. Was Passenger Wearing a Helmet? Passenger was on: Snowmobile/ATV Towed Vehicle

13. Injuries (Describe Briefly):

14. Treated at: Doctor's Name Address: Hospital Name Address: No Treatment Needed

15. Weather: Clear Cloudy Fog Snow Extreme Wind Blowing Snow Visibility: Good Fair Poor

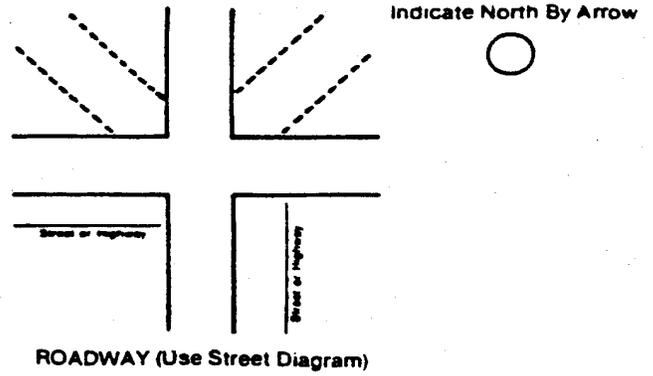
16. If more than one snowmobile/ATV or vehicle was involved, give the following information for the other Snowmobile/ATV or Vehicle: Registration No. Make Year Driver's Name Address City State Zip

17. Estimated speed at time of incident: Your vehicle MPH Other vehicle MPH

18. Persons injured not on vehicle (by-standers, pedestrian, etc.) Name City State Type of injury sustained?

COMPLETE BOTH SIDES (OVER)

20. Incident Sketch (Show Trees, Roads, Obstacles, Terrain, Etc.)
 Indicate on this diagram what happened.
 Number each snowmobile/ATV and indicate direction of travel.



ROADWAY (Use Street Diagram)



OPEN FIELD (Use this area)

21. Cause and description of incident (describe factors you feel contributed to the cause of the incident. Refer to vehicles by number, with yours being number 1.)

22. Using the above information, indicate the cause of the incident. Check one:

<input type="checkbox"/> Operator inattention	<input type="checkbox"/> Clothing caught in snowmobile or ATV	<input type="checkbox"/> Mechanical Failure	<input type="checkbox"/> Fault of the other person	<input type="checkbox"/> Speed too fast for conditions	<input type="checkbox"/> Unfamiliar with area of operation
<input type="checkbox"/> Operator inexperience	<input type="checkbox"/> Unsafe Ice	<input type="checkbox"/> Other, Explain:			

On the day of the incident did you consume any alcohol prior to the incident? Yes No

23. Damage Description

Reporting Vehicle: _____ Estimate _____

 Other Vehicle: _____ Estimate _____

 Other Property: _____ Estimate _____

24. Witnesses

Name _____	Address _____	City _____	State _____	Zip _____
Name _____	Address _____	City _____	State _____	Zip _____
Name _____	Address _____	City _____	State _____	Zip _____

25. (A) Has Operator received DNR Safety Certificate? Snowmobile Yes No ATV Yes No
 (B) If Operator is age 12-17, did you have a safety certificate issued by the Department? Snowmobile Yes No ATV Yes No
 (C) If yes, please enter certificate number below:
 Certificate Number _____

If additional space is needed for any answer, please attach a sheet of paper to report.

Signature of person completing report (if other than driver, please explain.)

_____ Date _____

MAIL TO: Recreational Safety Programs Supervisor
 Department of Natural Resources
 502 East 9th Street
 Des Moines IA 50319-0034