



STATE OF MAINE

SNOWMOBILE, ATV, WATERCRAFT ACCIDENT REPORT FORM

The Department of Inland Fisheries and Wildlife is responsible for documenting all reportable snowmobile, ATV, & watercraft accidents which have at least one of the following:

1. \$1,000 or more which includes all property damage. This report must be filed within 72 hours of a property damage only accident and can only be used to report a property damage accident. Property damage accidents resulting in less than \$1,000 which includes all property damage do not need to be reported.
2. Personal injury or death. Any accident that causes a death, or injuries that require the services of a physician, have to be reported by the quickest means to a law enforcement officer and investigated by a law enforcement officer. This 72-hour form can not be used for reporting this type of accident.

MAIL TO:	Maine Department of Inland Fisheries and Wildlife Warden Service 353 Water St., 41 State House Station Augusta, ME 04330	WITHIN 72 HOURS FOLLOWING ACCIDENT
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TIME	Date of accident _____	Day of week _____	Hour _____	AM <input type="checkbox"/>	PM <input type="checkbox"/>
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PLACE	Place where accident occurred County _____ City/Town _____
	Location where accident occurred _____ Give name of road, body of water, trail name, or ITS number
	At trail intersection with _____ Road, another trail

Vehicle # 1			Vehicle # 2		
Driver's Name Last, First, Middle _____			Driver's Name Last, First, Middle _____		
D.O.B Mo, Day, Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number _____	D.O.B Mo, Day, Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number _____
<input type="checkbox"/> Check if new address Current address: number and street _____			<input type="checkbox"/> Check if new address Current address: number and street _____		
City/Town	State	Zip	City/Town	State	Zip

Year Make _____	Year Make _____
Serial Number _____	Serial Number _____
Describe damage to vehicle _____ _____ _____ _____ _____	Describe damage to vehicle _____ _____ _____ _____ _____
Estimated cost to repair _____	Estimated cost to repair _____

Total number of vehicles involved: _____ **If more than two vehicles were involved, describe the additional vehicles on separate forms and attach to this report.**

As a result of this accident, was anyone summonsed to court? Yes No Arrested? Yes No

Name of court _____

Charge(s) _____

Did a Law Enforcement Officer investigate at the scene of the accident? Yes No

Name of Investigation Officer _____ Department _____
(Please Print) (IFW, State Police, Sheriff, Local Police, Etc.)

Was a policy of liability insurance covering the vehicle you were driving in effect at the time of accident? Yes No Unsure

FOR OFFICE USE ONLY

Date Received: _____

Please check all boxes below that pertain to the property damage accident you were involved in

1. Vehicle Type <input type="checkbox"/> ATV <input type="checkbox"/> Snowmobile <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe <input type="checkbox"/> Other (please list) _____	9. Surface Conditions <input type="checkbox"/> Debris <input type="checkbox"/> Calm <input type="checkbox"/> Choppy <input type="checkbox"/> Rough <input type="checkbox"/> Very Rough <input type="checkbox"/> Strong Current <input type="checkbox"/> Muddy <input type="checkbox"/> Dry <input type="checkbox"/> Packed Snow <input type="checkbox"/> Powder Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice Covered
2. Type Location <input type="checkbox"/> Marked and groomed trail <input type="checkbox"/> Unmarked and ungroomed trail <input type="checkbox"/> Bridge <input type="checkbox"/> Open field <input type="checkbox"/> Gravel pit <input type="checkbox"/> Woods <input type="checkbox"/> Lake/Pond <input type="checkbox"/> River/Stream <input type="checkbox"/> Ocean <input type="checkbox"/> Road <input type="checkbox"/> Other (please list) _____	10. Personal Safety Equipment Used <input type="checkbox"/> Approved lifejacket <input type="checkbox"/> Lifejacket not approved <input type="checkbox"/> Helmet used <input type="checkbox"/> Helmet not used <input type="checkbox"/> None
3. Type Accident <input type="checkbox"/> Collision with another vehicle <input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Fire or Explosion (fuel) <input type="checkbox"/> Fire or Explosion (non-fuel) <input type="checkbox"/> Collision with vessel <input type="checkbox"/> Collision with fixed object <input type="checkbox"/> Collision with floating object <input type="checkbox"/> Falls overboard <input type="checkbox"/> Falls in boat <input type="checkbox"/> Hit by propeller <input type="checkbox"/> Submersion <input type="checkbox"/> Burns <input type="checkbox"/> Rear end sideswipe <input type="checkbox"/> Head on sideswipe <input type="checkbox"/> Ran off trail <input type="checkbox"/> Rollover <input type="checkbox"/> Train <input type="checkbox"/> Animal <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (please list) _____	11. Vehicle Safety Equipment <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Throw Bags <input type="checkbox"/> Inside lines <input type="checkbox"/> Outside lines <input type="checkbox"/> Wet suit <input type="checkbox"/> N/A
4. Object Struck <input type="checkbox"/> Other Vehicle (type) _____ <input type="checkbox"/> Gate or Cable <input type="checkbox"/> Waterway marker <input type="checkbox"/> Bridge, pier, float, or dock <input type="checkbox"/> Floating object <input type="checkbox"/> Pressure ridge <input type="checkbox"/> R. R. Crossing device <input type="checkbox"/> Utility pole <input type="checkbox"/> Poles, posts, or supports <input type="checkbox"/> Fire hydrant/parking meter <input type="checkbox"/> Tree <input type="checkbox"/> Guard rails <input type="checkbox"/> Fencing <input type="checkbox"/> Culvert headwall <input type="checkbox"/> Embankment <input type="checkbox"/> Building, wall <input type="checkbox"/> Rock outcrop, ledge <input type="checkbox"/> Other (please list) _____	12. RV Safety Training completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Other Property Damage <input type="checkbox"/> State property <input type="checkbox"/> Utilities property <input type="checkbox"/> Other (please list) _____ <input type="checkbox"/> Unknown	13. Member of a Club <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Light <input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dark (street lights on) <input type="checkbox"/> Dark (no street lights) <input type="checkbox"/> Other (please list) _____	14. Pre-Accident Actions – Maneuvers <i>By Vehicle</i> <input type="checkbox"/> Cruising <input type="checkbox"/> Approaching dock <input type="checkbox"/> Water skiing <input type="checkbox"/> Racing <input type="checkbox"/> Towing <input type="checkbox"/> Being towed <input type="checkbox"/> Drifting <input type="checkbox"/> Rafting <input type="checkbox"/> Canoeing/Kayaking <input type="checkbox"/> At anchor <input type="checkbox"/> Tied to dock <input type="checkbox"/> Fueling <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Following trail <input type="checkbox"/> Making right turn <input type="checkbox"/> Making left turn <input type="checkbox"/> Making U turn <input type="checkbox"/> Starting from park <input type="checkbox"/> Slowing in traffic <input type="checkbox"/> Stopped in traffic <input type="checkbox"/> Avoiding vehicle, object <input type="checkbox"/> Avoiding pedestrian, animal <input type="checkbox"/> Skidding <input type="checkbox"/> Overtaking, passing <input type="checkbox"/> Backing <input type="checkbox"/> Parked <input type="checkbox"/> Operating on a public way <input type="checkbox"/> Operating on a private way <input type="checkbox"/> Other vehicular action <input type="checkbox"/> Unknown
7. Weather – Atmosphere <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet, hail, freezing rain <input type="checkbox"/> Fog, smog, smoke <input type="checkbox"/> Blowing sand or dust <input type="checkbox"/> Cloudy <input type="checkbox"/> Other (please list) _____	15. Pre-Accident Actions – Maneuvers <i>By Pedestrian</i> <input type="checkbox"/> Standing <input type="checkbox"/> Getting on/off vehicle <input type="checkbox"/> Pushing or working on vehicle <input type="checkbox"/> Skin diving/swimming <input type="checkbox"/> Skiing <input type="checkbox"/> Other pedestrian action <input type="checkbox"/> N/A <input type="checkbox"/> Unknown
8. Winds <input type="checkbox"/> None <input type="checkbox"/> Light (0-6mph) <input type="checkbox"/> Moderate (7-14 mph) <input type="checkbox"/> Strong (15-20 mph) <input type="checkbox"/> Storm (25+ mph)	16. Apparent Contributing Factors <i>Human</i> <input type="checkbox"/> No improper actions <input type="checkbox"/> Fail to yield right away <input type="checkbox"/> Unsafe speed <input type="checkbox"/> Following too close <input type="checkbox"/> Disregard trail or waterway markers <input type="checkbox"/> Improper pass/overtaking <input type="checkbox"/> Improper turn <input type="checkbox"/> Unsafe backing <input type="checkbox"/> Impeding traffic <input type="checkbox"/> Operating inattention <input type="checkbox"/> Operating in unfamiliar area <input type="checkbox"/> Fell or thrown off <input type="checkbox"/> Failure to use lights <input type="checkbox"/> Operator inexperience <input type="checkbox"/> Physical impairment <input type="checkbox"/> Vision obscured <input type="checkbox"/> Hit and run <input type="checkbox"/> Unknown <i>Vehicular</i> <input type="checkbox"/> Clothing tangled <input type="checkbox"/> Stuck throttle <input type="checkbox"/> Defective brakes <input type="checkbox"/> Defective lights <input type="checkbox"/> Defective tires <input type="checkbox"/> Defective suspension <input type="checkbox"/> Defective steering <input type="checkbox"/> Other vehicle defect or failure <input type="checkbox"/> Unknown

Describe what happened
 (Refer to vehicles by number) _____

Sign Here	Signature of DRIVER/your vehicle No. 1 _____	Current Mailing Address _____	Date _____
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