

1. Snowmobile Crash
 2. ATV Crash

DNR Number	F. Warden <input type="checkbox"/>
	W. Supv. <input type="checkbox"/>
	RSW <input type="checkbox"/>

Do NOT fill in the gray shaded areas.

SEND REPORT TO: ATV/Snowmobile – LE/5 Department of Natural Resources P.O. Box 7921 Madison, WI 53707-7921

Notice: The operator of any snowmobile or ATV involved in a crash incident that results in death or injuries requiring treatment by a physician is required by sections 350.15 and 23.33(7), Wis Stats., to report the incident as soon as possible to a conservation warden or a local law enforcement agency, and to submit a written report within 10 days to the Department of Natural Resources. Failure to complete this form as required may result in a forfeiture of up to \$250.00. Personally identifiable information on this form is not intended to be used for any reason other than program administration and investigatory purposes.

CRASH INCIDENT CRITERIA

Number of Vehicles in crash: _____ Death related to incident? Yes No
 Injuries requiring medical treatment? Yes No Disappearance of person indicating injury or death? Yes No

Date of Incident	Day of Week	Time of Day <input type="checkbox"/> am <input type="checkbox"/> pm	Location of Incident: <input type="checkbox"/> Private Land <input type="checkbox"/> Public Road <input type="checkbox"/> Public Trail <input type="checkbox"/> Lake or Stream <input type="checkbox"/> Public Land <input type="checkbox"/> Hwy. Right-of-way <input type="checkbox"/> Private Trail <input type="checkbox"/> Route
County:		City or Township:	State: WI

OPERATOR		PASSENGER	
Operator's Name	Telephone Number () -	Operator's Name	Telephone Number () -
Address		Address	
City, State, Zip Code		City, State, Zip Code	
Date of Birth - - Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth - - Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Operator Completed DNR Snowmobile / ATV Safety Course? <input type="checkbox"/> Yes <input type="checkbox"/> No	Riding experience <input type="checkbox"/> 0-100 hours <input type="checkbox"/> OVER 100 hours	Was Passenger Wearing A Helmet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have Eye Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was Operator Wearing A Helmet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Operator Have Eye Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No		

VEHICLE		OWNER	
<input type="checkbox"/> Snowmobile <input type="checkbox"/> Three Wheel ATV <input type="checkbox"/> Four Wheel ATV		Operator's Name	Telephone Number () -
Vehicle Rented <input type="checkbox"/> Yes <input type="checkbox"/> No	Veh. Borrowed <input type="checkbox"/> Yes <input type="checkbox"/> No	Address	
Make of Vehicle	Chassis Serial number	City, State, Zip Code	
Vehicle Registration Number	Expiration Date	State	Model of Vehicle
		Studded Tracks <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Speed At Time of Incident MPH

TYPE AND CAUSE OF INCIDENT		ENVIRONMENT	
Type Of Incident <input type="checkbox"/> Fell from moving Snowmobile/ATV <input type="checkbox"/> Collision with fixed object <input type="checkbox"/> Collision with another Snowmobile/ATV <input type="checkbox"/> Collision with moving motor vehicle <input type="checkbox"/> Collision with parked motor vehicle <input type="checkbox"/> Broke through ice <input type="checkbox"/> Driven into open water <input type="checkbox"/> Snowmobile/ATV rolled over <input type="checkbox"/> Struck fence or cable <input type="checkbox"/> Injured by contact with part of Snowmobile/ATV <input type="checkbox"/> Pedestrian struck by Snowmobile/ATV <input type="checkbox"/> Being pulled by Snowmobile/ATV <input type="checkbox"/> Other (list): _____	Activity at Time Of Incident <input type="checkbox"/> Recreational <input type="checkbox"/> Farm related <input type="checkbox"/> Sanctioned race/event <input type="checkbox"/> Construction <input type="checkbox"/> Hunting	Weather <input type="checkbox"/> Foggy – Mist <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Clear	Visibility <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Day <input type="checkbox"/> Night
	What in Your Opinion Contributed to the Incident? <input type="checkbox"/> Drinking or Drugs <input type="checkbox"/> Vehicle speed <input type="checkbox"/> Equipment failure <input type="checkbox"/> Failure to yield <input type="checkbox"/> Inexperience <input type="checkbox"/> Trail conditions <input type="checkbox"/> Other (list): _____	Temperature ° F	Trail Condition <input type="checkbox"/> Icy <input type="checkbox"/> Smooth <input type="checkbox"/> Rough <input type="checkbox"/> Muddy <input type="checkbox"/> Dry <input type="checkbox"/> Other: _____

