OPS-209



## NYS OPRHP Snowmobile Unit 625 Broadway, 2nd Floor Albany, NY 12238 (518) 474-0446



REGISTRATION NUMBER OF REPORTING SNOWMOBILE

DATE OF THIS REPORT	_
	SNO

## SNOWMOBILE ACCIDENT REPORT

							and Recreatio											
•	damage to property of \$1,000.00 or more must report the accident to Parks and Recreation, Snowmobile Unit within 7 days. If the operator is physically incapable of making such report, and there is another participant in the accident, then such participant shall make the report. In cases where the operator and the participants are physically incapable of making such																	
report, the	en the own	er shall m	ake the rep	ort. Failure	to comply		requirements					by a fine o	of not more	than one	hundred do	ollars.		
						-					Γ			-				
A. Date o	A. Date of Accident B. Time C. State D. Nearest City, Town, etc.						E. County											
F. Exact L	ocation (Na	ame of tra	il/area, GPS	coordinat	es. Fix loca	ation precis	ely)				-	G. Type o	of Terrain					
									1. Trail		3. Groome	ed Trail		4. Roadway		6. Other	(Specify)	
									2. Woods		4. Field/La	awn		5. Body o	f Water			
2. DATA (Check all appropriate items in box to the left of the number or fill in)  A. Name & Address of Operator's Age C. Operator's Experience C. Operator's Experience																		
A. Name	& Address	of Operat	or							B. Opera	itor's Age	C. Operator			's Experience			
													1. < 1 Yea			3. > 5 Y		
D Name	& Address	of Owner											2.1-5 Ye					
D. Nume	a Address	or owner								E. Have you ever completed a Snowmobile Safety Course? Yes       No         F. Helmets       Was the operator wearing a helmet?       Yes       No								
										F. Helm	iets			•				
				G Snov	vmobile					Was the passenger wearing a helmet?         Yes         No           H. Snowmobile Track: Studded?         I. Estimated Speed         (MF							(MPH)	
Make			Model	0.010			Year Built				Yes				he operato	familiar v		
	o: Oowne	er Rrente	ed Bborro	wed F	family m	achine				No					rea? Yes □			
		3. W	EATHER	AND SN	iow co	NDITION	NS (Check a	all ap	propriat	e items	in box te	o left of	number					
			A. We	ather Con	ditions				B. Vis	ibility	C. S	now Condi	tions		D. V	/ind		
	1. Clear		4. Snow				7. Other (Spec	cify)		1. Good		1. Smoot	h		1. None		4. Strong	
	2. Cloudy		5. Sleet/H	ail/Freezin	g Rain					2. Fair		2. Rough			2. Light		5. Storm	
	3. Rain 6. Fog/Smog/Smoke							3. Poor		3. None			3. Moderate					
		4. 0	PERATIO	N AT TI	ME OF A	ACCIDEN	IT (Check a	all app	propriate	e items i	n box to	o left of r	number	or fill in)				
			4	A. Underwa	iy	T					B. Not U	Inderway	1		C. Numb	er of Pers	ons on	
	1. Cruising 4. Towing (C		(Other)	1	7. Other (Spec	cify)		1. Attended			3. Fueling		Snowmobile (Specify)					
	2. Maneuvering		5. Being Towed			- 1				2. Parked			4. Other (S	(Specify)				
	3. Towing			6. Racing							•. •	<u> </u>				_		
	5. I YI	PE, NA I	URE OF	CLASSI	FICATIC	ON OF A				-	items ii	n box to	left of n	umber d	or fill in)			
	4.01					0.5			ne Accider	it		<b></b>			16. Other	Specify		
			Snowmobile			6. Fire or Explosion (Fuel)				11. Ran off Roadway/Trail				io. outer	opeeny			
				mobile		<ol> <li>7. Fire or Explosion (Other than Fuel)</li> <li>8. Struck Hidden Object in Snow</li> </ol>					12. Overturning 13. Skidding				_			
	3. Collision with Person     4. Collision with Motor Vehicle				9. Disappearance of Snowmobile					14. Fell Off								
	5. Collision with a Fixed Object			10. Submersion					15. Track									
B. PERSONAL INJURIES								C. Property Damage										
1. Burns or Scalds				5. Fracture-Dislocation			lt	em Damag	le	-	This Vehicle			Other Vehicle				
	2. Crushed or Pinched				6. Other (Specify) 1. Snow			1. Snowmo	obile		\$			\$				
	3. Concussion			2. Accesso 3. Damage			2. Access	ory Equipm	nent	\$			\$					
	4. Abrasion						e to Other	Property	(Describe	escribe on Reverse)			\$					
	6.	GIVE A	BRIEF,	BUT CLI	EAR DES	SCRIPTIC	ON OF THE	ACC	IDENT.	USE AD	DITION	AL SHEE	TS IF NE	CESSA	RY.			
		MAKE	TWO CO	PIES OF	THIS F	ORM. SF	ND THE O	RIGIN				OWMOR		. SEND		) THE I	AW	
NO	ГЕ -						WHERE T											
				2									•				<u> </u>	

7. WHAT, IN YOUR OPINION, CAUSED THE ACCIDENT?							
8. LIVES LOST A. List Names & Addresses	9. PERS A. List Names & Address, Nature & Exten	SONS INJURED					
A. List Names & Addresses	A. List Names & Address, Nature & Extern	t of Injuries					
10. PROPER							
Describe Property Damage, Include Name and Address of Owner							
	•						
11. WITNESSES A. List Names & Addresses of All Known Witnesses	A. List Known Police, Fire Dept., Rescue	ANCE FURNISHED Squads, Etc.					
		54666, 2.6.					
13. PERSONS ON SNOWMO	BILE (Other than Operator)						
NAME ADDRESS		AGE					
NAME ADDRESS		AGE					
NAME ADDRESS	i	AGE					
14. REMARKS (Include opinion how similar accidents can be prevented	d in the future)						
15. NAME, ADDRESS OF OPERATOR AND REGISTRATION NUMBER OF OTHER VEHICLES INVOLVED							
I declare under the penalties of perjury that to the best of my knowledge and belief, the description and statements made herein are true and correct.							
OPERATOR'S SIGNATURE	מישיט איז						
OPERATOR'S SIGNATORE		TELEPHONE NUMBER					