



New York State Parks, Recreation and Historic Preservation

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



REGISTRATION NUMBER OF REPORTING SNOWMOBILE

DATE OF THIS REPORT

SNOWMOBILE ACCIDENT REPORT

Pursuant to the provisions of Section 25.25 of the New York State Parks and Recreation Law, the operator of a snowmobile involved in an accident resulting in death, personal injury or damage to property of \$1,000.00 or more must report the accident to Parks and Recreation, Snowmobile Unit within 7 days.

1. TIME AND PLACE OF ACCIDENT

Form section 1: A. Date of Accident, B. Time, C. State, D. Nearest City, Town, etc., E. County, F. Exact Location, G. Type of Terrain (Trail, Groomed Trail, Roadway, etc.)

2. DATA (Check all appropriate items in box to the left of the number or fill in)

Form section 2: A. Name & Address of Operator, B. Operator's Age, C. Operator's Experience, D. Name & Address of Owner, E. Safety Course, F. Helmets, G. Snowmobile, H. Snowmobile Track, I. Estimated Speed, J. Familiar with area

3. WEATHER AND SNOW CONDITIONS (Check all appropriate items in box to left of number or fill in)

Form section 3: A. Weather Conditions, B. Visibility, C. Snow Conditions, D. Wind

4. OPERATION AT TIME OF ACCIDENT (Check all appropriate items in box to left of number or fill in)

Form section 4: A. Underway, B. Not Underway, C. Number of Persons on Snowmobile

5. TYPE, NATURE OF CLASSIFICATION OF ACCIDENT (Check all appropriate items in box to left of number or fill in)

Form section 5: A. Cause of the Accident, B. PERSONAL INJURIES, C. Property Damage

6. GIVE A BRIEF, BUT CLEAR DESCRIPTION OF THE ACCIDENT. USE ADDITIONAL SHEETS IF NECESSARY.

Blank area for accident description

NOTE - MAKE TWO COPIES OF THIS FORM. SEND THE ORIGINAL TO NYS PARKS SNOWMOBILE UNIT. SEND ONE TO THE LAW ENFORCEMENT AGENCY IN THE AREA WHERE THE ACCIDENT OCCURRED AND KEEP ONE FOR YOUR RECORDS.

OVER [arrow]

7. WHAT, IN YOUR OPINION, CAUSED THE ACCIDENT?

8. LIVES LOST

A. List Names & Addresses

9. PERSONS INJURED

A. List Names & Address, Nature & Extent of Injuries

10. PROPERTY DAMAGE

Describe Property Damage, Include Name and Address of Owner

11. WITNESSES

A. List Names & Addresses of All Known Witnesses

12. ASSISTANCE FURNISHED

A. List Known Police, Fire Dept., Rescue Squads, Etc.

13. PERSONS ON SNOWMOBILE (Other than Operator)

| | | |
|------|---------|-----|
| NAME | ADDRESS | AGE |
|------|---------|-----|

| | | |
|------|---------|-----|
| NAME | ADDRESS | AGE |
|------|---------|-----|

| | | |
|------|---------|-----|
| NAME | ADDRESS | AGE |
|------|---------|-----|

14. REMARKS (Include opinion how similar accidents can be prevented 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



TELEPHONE NUMBER

(COMPLETE ALL APPLICABLE SECTIONS OR FORMS WILL BE RETURNED)