OPS-209 Rev. (10/22)



DATE OF THIS REPORT

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



REGISTRATION NUMBER OF REPORTING SNOWMOBILE

## **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. 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, then the owner shall make the report. Failure to comply with these requirements shall constitute an offense punishable by a fine of not more than one hundred dollars.

| report, the   | en the own                            | er shall ma   | ke the rep  | ort. Failure to comply       | y with thes   | requirem و  | ents shall c | onstitute a       | n offense p                             | ounishable   | by a fine c        | of not more  | than one h           | nundred do                | ıllars.        |          |  |
|---|---------------------------------------|---------------|-------------|------------------------------|---|-------------|--------------|-------------------|---|--|--------------------|--------------|----------------------|---------------------------|----------------|----------|--|
|   |                                       |               |             |                              | 1.  | TIME AN     | ND PLAC      | CE OF AC          | CIDENT                                  | Г  |                    |              |                      |                           |                |          |  |
| A. Date of Accident B. Time                           |                                       |               | C. State    |                              | D. Nearest City, Town, etc.                                       |             |              |                   |   |  | E. County          | unty         |                      |                           |                |          |  |
| F. Exact l  | ocation (Na                           | ame of trai   | I/area, GPS | S coordinates. Fix loc       | ation preci   | sely)       | 1            |                   |   |  | G. Type            | of Terrain   | 1                    |                           |                |          |  |
|   |                                       |               |             |                              |   |             |              | 1. Trail          |   | 3. Groomed   |                    | 4. Roadwa    |                      | ау                        | 6. Other (Spec |          |  |
|   |                                       |               |             |                              |   | 2. Woods    | s 4. Field/L |                   | awn                                     | 5. Body o  |                    | Water        |                      |                           |                |          |  |
|   |                                       |               | 2           | 2. DATA (Check               | all appr  | opriate i   | tems in      | box to th         | e left of                               | the nur  | nber or t          | fill in)     |                      |                           |                |          |  |
| A. Name   | & Address                             | of Operato    | or          |                              |   |             | -            |                   | B. Opera                                | ator's Age   |                    | C.           | Operator's           | s Experienc               | ce             |          |  |
|   |                                       |               |             |                              |   |             |              |                   | 1. < 1                                  |  |                    | 1. < 1 Yea   | ır                   | 3. > 5 Years              |                |          |  |
|   |                                       |               |             |                              | 2.1-  |             |              | 2. 1-5 Ye         | ars 4. Unknow                           |  | nown               |              |                      |                           |                |          |  |
| D. Name   | & Address                             | of Owner      |             |                              | E. Have you ever completed a Snowmobile Safety Course? Yes ☐ No ☐ |             |              |                   |   |  |                    | 10 🗆         |                      |                           |                |          |  |
|   |                                       |               |             |                              |   |             |              |                   |   | F. Helmets Was the operator wearing a helmet? Yes \( \square\) No \( \square\) |                    |              |                      |                           |                |          |  |
|   |                                       |               |             |                              |   |             |              |                   |   |  | Was the            | passenger    | wearing a            | helmet? `                 | res □ 1        | No □     |  |
|   |                                       |               |             | G. Snowmobile                |   |             |              |                   | H. Snov                                 | wmobile Tr   | ack: Studd         | ed?          | ted Speed (MPH)      |                           |                |          |  |
| Make  |                                       |               | Model       |                              | Year Built  |             |              |                   |   | Yes  |                    | J. Was th    |                      | ne operator familiar with |                |          |  |
| Ownership: Oowner Rrented Bborrowed Ffamily machine   |                                       |               |             |                              |   |             |              | No                |   |  |                    |              | the area? Yes □ No □ |                           |                |          |  |
| 3. WEATHER AND SNOW CONDITIONS (Check all appropriate |                                       |               |             |                              |   |             |              | propriat          | e items                                 |  |                    |              | or fill in           | )                         |                |          |  |
|   | •                                     |               | A. We       | eather Conditions            |   |             |              | B. Vis            | sibility                                | C. S   | C. Snow Conditions |              | <u> </u>             | D. W                      | /ind           | _        |  |
|   | 1. Clear                              | Clear 4. Snow |             | _                            | 7. Other (S   |             |              | 1. Good           | <u> </u>                                | 1. Smoot   | h                  | <u> </u>     | 1. None              | <u> </u>                  | 4. Strong      |          |  |
|   | 2. Cloudy 5. Sleet/Hail/Freezing Rain |               |             | ail/Freezing Rain            | _   |             |              |                   | 2. Fair                                 |  | 2. Rough           |              |                      | 2. Light                  | <u> </u>       | 5. Storm |  |
|   | 3. Rain                               |               |             | nog/Smoke                    |   |             |              |                   | 3. Poor                                 | 3. None  |                    |              | <u> </u>             | 3. Moderate               |                |          |  |
|   |                                       | 4. OP         | ERATIO      | N AT TIME OF                 | ACCIDE  | NT (Che     | ck all ap    | propriate         | e items i                               | in box to  | left of I          | number       | or fill in)          |                           |                |          |  |
|   |                                       |               |             | A. Underway                  |   |             |              |                   | B. Not Underway C. Number of Persons    |  |                    |              |                      |                           | ons on         |          |  |
|   | 1. Cruising                           |               | <u> </u>    | 4. Towing (Other)            |   | 7. Other (S |              |                   | 1. Attended                             |  |                    | 3. Fueling   |                      | Snowmobile (Specify)      |                |          |  |
|   | 2. Maneuvering 5. Being Towed         |               | _           |                              |   |             | 2. Parked    |                   |   | 4. Other (Specify)   |                    |              |                      |                           |                |          |  |
| 3. Towing Sled  |                                       | <u> </u>      | 6. Racing   |                              |   |             |              |                   |   |  |                    |              |                      |                           |                |          |  |
|   | 5. TY                                 | PE, NAT       | URE OF      | CLASSIFICATION               | ON OF A   | CCIDEN      | IT (Chec     | k all app         | ropriate                                | items i  | n box to           | left of n    | umber o              | or fill in)               |                |          |  |
|   |                                       |               |             |                              |   | A           | . Cause of   | the Accider       | nt                                      |  |                    |              |                      |                           |                |          |  |
| 1. Struck by Other Snowmobile                         |                                       |               |             | 3                            | 6. Fire or Explosion (Fuel)                                       |             |              |                   | <u> </u>                                | 11. Ran o  | off Roadway        | //Trail      |                      | 16. Other (               | Specify)       |          |  |
|   | 2. Collision with Another Snowmobile  |               |             |                              | 7. Fire o   | r Explosion | ın Fuel)     |                   | 12. Over                                | turning  |                    |              | _                    |                           |                |          |  |
|   | 3. Collision with Person              |               |             |                              | 8. Struck Hidden Object in Snow                                   |             |              |                   | <b>└</b>                                | 13. Skidding   |                    |              |                      | ļ                         |                |          |  |
| 4. Collision with Motor Vehicle                       |                                       |               |             | 9. Disappearance of Snowmobi |   |             | bile         | <b>└</b>          | 14. Fell C                              | Off  |                    |              |                      |                           |                |          |  |
| 5. Collision with a Fixed Object 10. Submersion       |                                       |               |             |                              |   |             |              | 15. Track Injury  |   |  |                    |              |                      |                           |                |          |  |
|   | т                                     |               | B. PERS     | SONAL INJURIES               |   |             |              | <u> </u>          | C. Property Damage                      |  |                    |              |                      |                           |                |          |  |
| 1. Burns or Scalds                                    |                                       |               |             |                              | 5. Fracture-Dislocation   |             |              | Item Damage       |   |  |                    | This Vehicle | е                    |                           | ther Vehi      | icle     |  |
| 2. Crushed or Pinched                                 |                                       |               |             |                              | 6. Otner  | r (Specify) |              | 1. Snowmobile     |   |  | \$                 |              |                      | \$                        |                |          |  |
| 3. Concussion   |                                       |               |             |                              |   |             |              | 2. Accessory Equi |   | · · · · · · · · · · · · · · · · · · ·  |                    |              |                      | \$                        |                |          |  |
| 4. Abrasion  6. GIVE A BRIEF, BUT CLEAR DESC          |                                       |               |             |                              |   |             |              |                   | e to Other Property (Describe on Revers |  |                    |              | ,                    |                           |                |          |  |
|   | 6.                                    | GIVE A        | BRIEF,      | BUT CLEAR DE                 | SCRIPTI   | ON OF T     | THE ACC      | IDENT.            | USE AD                                  | DITIONA  | AL SHEE            | TS IF NE     | :CESSA               | RY.                       |                |          |  |
|   |                                       |               |             |                              |   |             |              |                   |   |  |                    |              |                      |                           |                |          |  |
|   |                                       |               |             |                              |   |             |              |                   |   |  |                    |              |                      |                           |                |          |  |
|   |                                       |               |             |                              |   |             |              |                   |   |  |                    |              |                      |                           |                |          |  |
|   |                                       |               |             |                              |   |             |              |                   |   |  |                    |              |                      |                           |                |          |  |

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.

| 7. WHAT, IN YOUR OPINION, CAUSED THE ACCIDENT?                                      |  |                                 |  |  |  |  |  |
|---|--|---------------------------------|--|--|--|--|--|
|   |  |                                 |  |  |  |  |  |
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|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
| 8. LIVES LOST   | 9. PERS                                    | SONS INJURED                    |  |  |  |  |  |
| A. List Names & Addresses   | A. List Names & Address, Nature & Exten    |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
| 10. PROPERT   | Y DAMAGE                                   |                                 |  |  |  |  |  |
| Describe Property Damage, Include Name and Address of Owner                         |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
| 11. WITNESSES   | 12. ASSISTA                                | ANCE FURNISHED                  |  |  |  |  |  |
| A. List Names & Addresses of All Known Witnesses                                    | A. List Known Police, Fire Dept., Rescue S | Squads, Etc.                    |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
| 42 DEDCOME ON CHOWMON   | CII E (Other there Ores at an)             |                                 |  |  |  |  |  |
| NAME 13. PERSONS ON SNOWMOI ADDRESS   |  | AGE                             |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
| NAME ADDRESS  |  | AGE                             |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
| NAME ADDRESS  |  | AGE                             |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
| 14. REMARKS (Include opinion how similar accidents can be prevented                 | l in the future)                           |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
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|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
| 45 NAME ADDRESS OF OPERATOR AND DESIGNATION NUMBER OF                               | SE OTHER VEHICLES INVOLVED                 |                                 |  |  |  |  |  |
| 15. NAME, ADDRESS OF OPERATOR AND REGISTRATION NUMBER O                             | FOTHER VEHICLES INVOLVED                   |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
| l declare under the penalties of perjury that to the best of my knowledge and belie | ef, the description and statements ma      | de herein are true and correct. |  |  |  |  |  |
| OPERATOR'S SIGNATURE  |  | TELEPHONE NUMBER                |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
|   |  |                                 |  |  |  |  |  |
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|   |  | 1                               |  |  |  |  |  |