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

TIME	Date of accident _____	Day of week _____	Hour _____	AM ☐ PM ☐

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	Gender	Phone Number	D.O.B Mo, Day, Year	Gender	Phone Number
☐ Check if new address Current address: number and street			☐ 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: _____

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

1. Vehicle Type
- ☐ ATV
- ☐ Snowmobile
- ☐ Motor Vehicle
- ☐ Open Motorboat
- ☐ Cabin Motorboat
- ☐ Auxiliary Sail
- ☐ Sail
- ☐ Rowboat
- ☐ Canoe
- ☐ Other (please list)_____

2. Type Location
- ☐ Marked and groomed trail
- ☐ Unmarked and ungroomed trail
- ☐ Bridge
- ☐ Open field
- ☐ Gravel pit
- ☐ Woods
- ☐ Lake/Pond
- ☐ River/Stream
- ☐ Ocean
- ☐ Road
- ☐ Other (please list)_____

3. Type Accident
- ☐ Collision with another vehicle
- ☐ Grounding
- ☐ Capsizing
- ☐ Fire or Explosion (fuel)
- ☐ Fire or Explosion (non-fuel)
- ☐ Collision with vessel
- ☐ Collision with fixed object
- ☐ Collision with floating object
- ☐ Falls overboard
- ☐ Falls in boat
- ☐ Hit by propeller
- ☐ Submersion
- ☐ Burns
- ☐ Rear end sideswipe
- ☐ Head on sideswipe
- ☐ Ran off trail
- ☐ Rollover
- ☐ Train
- ☐ Animal
- ☐ Pedestrian
- ☐ Other (please list) _____

4. Object Struck
- ☐ Other Vehicle (type) _____
- ☐ Gate or Cable
- ☐ Waterway marker
- ☐ Bridge, pier, float, or dock
- ☐ Floating object
- ☐ Pressure ridge
- ☐ R. R. Crossing device
- ☐ Utility pole
- ☐ Poles, posts, or supports
- ☐ Fire hydrant/parking meter
- ☐ Tree
- ☐ Guard rails
- ☐ Fencing
- ☐ Culvert headwall
- ☐ Embankment
- ☐ Building, wall
- ☐ Rock outcrop, ledge
- ☐ Other (please list) _____

5. Other Property Damage
- ☐ State property
- ☐ Utilities property
- ☐ Other (please list) _____
- ☐ Unknown

6. Light
- ☐ Dawn
- ☐ Daylight
- ☐ Dusk
- ☐ Dark (street lights on)
- ☐ Dark (no street lights)
- ☐ Other (please list) _____

7. Weather – Atmosphere
- ☐ Clear
- ☐ Rain
- ☐ Snow
- ☐ Sleet, hail, freezing rain
- ☐ Fog, smog, smoke
- ☐ Blowing sand or dust
- ☐ Cloudy
- ☐ Other (please list) _____

8. Winds
- ☐ None
- ☐ Light (0-6mph)
- ☐ Moderate (7-14 mph)
- ☐ Strong (15-20 mph)
- ☐ Storm (25+ mph)

9. Surface Conditions
- ☐ Debris
- ☐ Calm
- ☐ Choppy
- ☐ Rough
- ☐ Very Rough
- ☐ Strong Current
- ☐ Muddy
- ☐ Dry
- ☐ Packed Snow
- ☐ Powder Snow
- ☐ Slush
- ☐ Ice Covered

10. Personal Safety Equipment Used
- ☐ Approved lifejacket
- ☐ Lifejacket not approved
- ☐ Helmet used
- ☐ Helmet not used
- ☐ None

11. Vehicle Safety Equipment
- ☐ Fire extinguisher
- ☐ Throw Bags
- ☐ Inside lines
- ☐ Outside lines
- ☐ Wet suit
- ☐ N/A

12. RV Safety Training completed?
- ☐ Yes
- ☐ No

13. Member of a Club
- ☐ Yes
- ☐ No

14. Pre-Accident Actions – Maneuvers

By Vehicle
- ☐ Cruising
- ☐ Approaching dock
- ☐ Water skiing
- ☐ Racing
- ☐ Towing
- ☐ Being towed
- ☐ Drifting
- ☐ Rafting
- ☐ Canoeing/Kayaking
- ☐ At anchor
- ☐ Tied to dock
- ☐ Fueling
- ☐ Fishing
- ☐ Hunting
- ☐ Following trail
- ☐ Making right turn
- ☐ Making left turn
- ☐ Making U turn
- ☐ Starting from park
- ☐ Slowing in traffic
- ☐ Stopped in traffic
- ☐ Avoiding vehicle, object
- ☐ Avoiding pedestrian, animal
- ☐ Skidding
- ☐ Overtaking, passing
- ☐ Backing
- ☐ Parked
- ☐ Operating on a public way
- ☐ Operating on a private way
- ☐ Other vehicular action
- ☐ Unknown

15. Pre-Accident Actions – Maneuvers

By Pedestrian
- ☐ Standing
- ☐ Getting on/off vehicle
- ☐ Pushing or working on vehicle
- ☐ Skin diving/swimming
- ☐ Skiing
- ☐ Other pedestrian action
- ☐ N/A
- ☐ Unknown

16. Apparent Contributing Factors

Human
- ☐ No improper actions
- ☐ Fail to yield right away
- ☐ Unsafe speed
- ☐ Following too close
- ☐ Disregard trail or waterway markers
- ☐ Improper pass/overtaking
- ☐ Improper turn
- ☐ Unsafe backing
- ☐ Impeding traffic
- ☐ Operating inattention
- ☐ Operating in unfamiliar area
- ☐ Fell or thrown off
- ☐ Failure to use lights
- ☐ Operator inexperience
- ☐ Physical impairment
- ☐ Vision obscured
- ☐ Hit and run
- ☐ Unknown

Vehicular
- ☐ Clothing tangled
- ☐ Stuck throttle
- ☐ Defective brakes
- ☐ Defective lights
- ☐ Defective tires
- ☐ Defective suspension
- ☐ Defective steering
- ☐ Other vehicle defect or failure
- ☐ Unknown

Describe what happened

(Refer to vehicles by number) _____

_____

_____

_____

_____

Sign Here

_____ Current Mailing Address _____ Date _____

Signature of DRIVER/your vehicle No. 1

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