



Maine Department of Inland Fisheries and Wildlife
353 Water Street, 41 SHS, Augusta, ME 04333
Phone 207-287-2766 / Fax 207-287-5237

PROPERTY DAMAGE ATV AND SNOWMOBILE ACCIDENT REPORT FORM

In accordance with the provisions of the Revised Statutes, Title 12, Section 13157-C and Section 13106-C.

Reporting Requirements:

A person shall give notice of an ATV or snowmobile accident within 72 hours to the commissioner if the person is:

- A. The operator of a snowmobile or ATV involved in an accident that does not result in injuries requiring the services of a physician or in the death of a person but involves property damage estimated to cost \$1,000.00 or more;
- B. A person acting for the operator of a snowmobile or ATV described in paragraph A; or
- C. The owner of a snowmobile or ATV described in paragraph A, having knowledge of the accident, if the operator of the snowmobile or ATV is unknown.

Mail Report: Maine Warden Service, 353 Water Street, 41 SHS, Augusta, ME 04333 (Denise.MooreBrann@maine.gov)

Date of Accident: _____ Time of Accident: _____ A.M. ___ P.M. ___

Location Where Accident Occurred: _____
Name of Road, Trail or Body of Water

Nearest Intersection: _____ Direction from Nearest Intersection: _____
Road, Street or Trail

Distance from Nearest Intersection: _____ Latitude: _____ Longitude: _____
Tenths/Miles

County: _____ City or Town: _____

VEHICLE # 1 INFORMATION

Operator Name: _____ DOB: _____
First Last MI

Mailing Address: _____
Street, Road or Box # City or Town State Zip Code

Physical Address: _____
Street or Road City or Town State Zip Code

Email Address: _____ Phone Number: _____

Owner Name: _____ DOB: _____
First Last MI

Owner's Mailing Address: _____
(If Different from Operator) Street, Road or Box # City or Town State Zip Code

Vehicle Make: _____ Year: _____ Model: _____

Registration Sticker Number: _____ State: _____ Year: _____

Describe Damage to Vehicle: _____

Damage Estimate: _____



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CHECK ALL THAT APPLY

1. VEHICLE:
 ATV Snowmobile

2. LOCATION:
 Marked or Groomed Trail Unmarked or Ungroomed Trail Bridge Open Field
 Gravel Pit Wooded Area
 Lake or Pond River or Stream Public Road Private Road
 Residential Property Other (List) _____

3. MEMBER OF A CLUB:
 Snowmobile ATV

4. ACCIDENT TYPE:
 Collision with Another Recreational Vehicle Collision with A Motor Vehicle Collision with Fix Object (Tree, Rock, Other)
 Collision with Animal Head-on Collision Rear-end Collision
 Ran off Trail, Bridge, Embankment Pedestrian Ejected Rollover
 Submersion Fire Other (List) _____

5. OBJECT STRUCK:
 Bridge or Overpass Pressure Ridge Tree Pole, Post, Fence
 Building, Shed or Other Structure Guard Rail Embankment Rock or Ledge
 Gate or Cable Vehicle (Type): _____
 Ice Shack Other (List) _____

6. PROPERTY DAMAGE:
 Private Property State Property Utility Property Unknown

7. SAFETY EQUIPMENT USED:
 Helmet Seat Belt Fire Extinguisher

8. WEATHER:
 Clear Rain Snow Overcast Fog Sleet, Freezing Rain, Hail

9. SURFACE CONDITIONS:
 Dry Muddy Packed Snow Powder Snow Ice Covered Slush

10. RECREATIONAL VEHICLE TRAINING RECEIVED:
 ATV Safety Course State: _____ Approximate Date Taken: _____
 Snowmobile Course State: _____ Approximate Date Taken: _____

11. OPERATION AT THE TIME OF THE ACCIDENT:
 Accelerating Braking Cruising Passing Falling Trail Making Right Turn Making Left Turn
 Backing Skidding Operating on Public Way Parked Slowing in Traffic Unknown
 Operating on Private Way Another Vehicle Action Avoiding vehicle, animal, pedestrian or object Stopped in Traffic

12. CONTRIBUTING HUMAN FACTORS:
 No Improper Action Operator Inattention Unsafe Speed for the Existing Conditions Following to Close Hit and Run
 Improper Pass Operating left of Center Unsafe Backing Failure Use Lights for The Existing Conditions
 Physical Impairment Fell or Thrown Off Vehicle Operator Inexperience Unfamiliar with Area
 Failure Stay on Trail Vision Obscured

13. CONTRIBUTING FACTORS, VEHICLE:
 Throttle Issues Brake Issues Steering Issues Tire Issue Track Issues Lighting Issues Other

DESCRIBE WHAT HAPPENED: (Refer to Vehicles by Number) _____

Signature of Person Completing Report: _____ Date: _____